

Uterine Cancer Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

Pathology: _____ Stage: _____

Line of Therapy: Neoadjuvant/Pre-Op Adjuvant/Post-Op
 1st Line 2nd Line 3rd Line 3rd Line+ Maint

ECOG Performance Status: _____ ICD-10 Code: _____

Biomarkers/Characteristics: (select all that apply)

Estrogen Receptor: Positive Negative

Progesterone Receptor: Positive Negative

Adjuvant Therapy | Stage III-IV or High Risk Histologies

Carboplatin and paclitaxel

Recurrent /Metastatic | First and Subsequent Lines of Therapy (1st Line+)

Carboplatin and paclitaxel

Cisplatin and doxorubicin (Adriamycin)

Note: Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered. Biosimilars of reference products listed are considered "on pathway." However, reimbursement for biosimilar products may be impacted by health plan specific formularies, medical policy and preferred product rules.



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