## Ovarian Cancer (Epithelial) Pathways

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
<th>Member Number:</th>
<th>Treatment Start Date:</th>
<th>Pathology:</th>
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</thead>
</table>

**Line of Therapy:**
- __1st Line__
- __2nd Line__
- __3rd Line__
- __3rd Line+__
- __Maintenance__

**Biomarkers/Characteristics:**
- **BRCA1 Status:**
  - __Germline Mutation__
  - __Wild Type (no mutation)__
  - __Somatic Mutation__
  - __Not Reported__

- **BRCA2 Status:**
  - __Germline Mutation__
  - __Wild Type (no mutation)__
  - __Somatic Mutation__
  - __Not Reported__

**Adjuvant Therapy | Stage IA/B (Grade 2 or 3) or IC (Grade 1-3)**

- __Carboplatin and dose dense paclitaxel__
- __Carboplatin and paclitaxel__

**Adjuvant or Primary Therapy | Stage II, III, IV**

- __Carboplatin and paclitaxel__ (Administered weekly or every 3 weeks)
- __Intravenous (IV) paclitaxel and Intraperitoneal (IP) cisplatin and IP paclitaxel (Stage III only)__

**Recurrent Disease | First and Subsequent Lines of Therapy (1st Line+) | Platinum-Sensitive***

- __Carboplatin__
- __Carboplatin and gemcitabine (Gemzar)__
- __Carboplatin and paclitaxel__
- __Carboplatin and weekly paclitaxel__

**Recurrent Disease | Maintenance Therapy | Platinum-Sensitive***

- __Niraparib (Zejula)__
- __Olaparib (Lynparza)__
- __Rucaparib (Rubraca)__

**Recurrent Disease | Second and Subsequent Lines of Therapy (2nd Line+) | Platinum Resistant**

- __Bevacizumab monotherapy__
- __Docetaxel (Taxotere)__
- __Gemcitabine (Gemzar)__
- __Liposomal doxorubicin (Doxil or Lipodox)__
- __Paclitaxel (weekly)__
- __Paclitaxel and bevacizumab__
- __Topotecan (Hycamtin)__
- __Topotecan (Hycamtin) and bevacizumab__
- __Vinorelbine (Navelbine)__

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*Platinum sensitive disease is defined as recurrence of greater than 6 months after prior platinum-based therapy*

**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 or alternate formulations (along with the reference products) are considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.