

Ovarian Cancer (Epithelial) 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+ __Maintenance

ECOG Performance Status: _____ **ICD-10 Code:** _____

Biomarkers/Characteristics: (Select all that apply)

Paclitaxel-resistant: __Yes __No

Platinum Sensitive*: __Yes __No __Not Reported

Platinum Refractory/Resistant: __Yes __No __Not Reported

Microsatellite instability: __dMMR/MSI-H __MSI-L __Not reported

NTRK Fusion: __Positive __Negative __Not Reported

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 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 (Avastin) monotherapy

___ Docetaxel (Taxotere)

___ Gemcitabine (Gemzar)

___ Liposomal doxorubicin (Doxil or Lipodox)

___ Paclitaxel (weekly)

___ Paclitaxel and bevacizumab (Avastin)

___ Tamoxifen

___ Topotecan (Hycamtin)

___ Topotecan (Hycamtin) and bevacizumab (Avastin)

___ Vinorelbine (Navelbine)

* 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 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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