

Prostate Cancer (Adenocarcinoma) 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+
ECOG Performance Status: _____ ICD-10 Code: _____

Biomarkers/Characteristic: (select all that apply) Castration-resistant: Yes No

Prostate Cancer Recurrence Risk: Very Low Low Intermediate High Very High

Adjuvant Therapy | Post-Prostatectomy | Lymph Node Positive (LN+)

- Goserelin (Zoladex)
- Leuprolide (Eligard/Lupron)
- Triptorelin (Trelstar)

Intermediate Risk | Primary Treatment with Radiotherapy (RT)

- Goserelin (Zoladex)*
- Leuprolide (Eligard/Lupron)*
- Triptorelin (Trelstar)*

High Risk (T3a or Gleason 8-10), Very High Risk (T3b-T4), and Locally Advanced Prostate Cancer (LN+) | Primary Treatment with Radiotherapy (RT)

- Goserelin (Zoladex)*
- Goserelin (Zoladex)* with abiraterone (Zytiga)†‡
- Leuprolide (Eligard/Lupron)*
- Leuprolide (Eligard/Lupron)* with abiraterone (Zytiga)†‡
- Triptorelin (Trelstar)*
- Triptorelin (Trelstar) with abiraterone (Zytiga)†‡

Recurrent and Metastatic Disease | Hormone Sensitive

- Abiraterone (Zytiga)†‡ and prednisone with Androgen Deprivation Therapy (ADT)§
- Abiraterone (Zytiga), docetaxel (Taxotere), and prednisone with Androgen Deprivation Therapy (ADT)
- Apalutamide (Erleada) with Androgen Deprivation Therapy (ADT)§
- Darolutamide (Nubeqa) and docetaxel (Taxotere) with Androgen Deprivation Therapy (ADT)
- Enzalutamide (Xtandi)¶ with Androgen Deprivation Therapy (ADT)§

Bilateral orchiectomy (surgical castration) is an equally effective alternative to medical castration

* May be coadministered with bicalutamide (Casodex) or flutamide (Eulexin) for up to 30-60 days in patients who are at risk of developing symptoms associated with testosterone flare

† For regional, lymph node positive disease ONLY

‡ Should not be used concurrently with Radium 223

§ ADT pathway options, when given as listed above: goserelin (Zoladex), leuprolide (Eligard/Lupron), triptorelin (Trelstar) or history of orchiectomy

|| If not previously used in the first line (1st Line) setting

¶ The use of androgen-signaling-targeted inhibitor (e.g. abiraterone or enzalutamide) should be limited to one line of 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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Prostate Cancer (Adenocarcinoma) Pathways (continued)

Recurrent and Metastatic Disease | Hormone Resistant | First Line of Therapy (1st Line)

- ___ Abiraterone (Zytiga)^{†‡} and prednisone with continued ADT[§]
- ___ Docetaxel (Taxotere) (every 3 weeks) with continued ADT[§]
- ___ Enzalutamide (Xtandi)[¶] with continued ADT[§]
- ___ Goserelin (Zoladex) with bicalutamide (Casodex)
- ___ Leuprolide (Eligard/Lupron) with bicalutamide (Casodex)
- ___ Triptorelin (Trelstar) with bicalutamide (Casodex)

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

- ___ Abiraterone (Zytiga)^{†‡} and prednisone with continued ADT[§]
- ___ Cabazitaxel (Jevtana) with ADT[§]
- ___ Docetaxel (Taxotere) (every 3 weeks) with continued ADT^{§||}
- ___ Docetaxel (Taxotere) rechallenge with ADT[†]
- ___ Goserelin (Zoladex) with bicalutamide (Casodex)^{||}
- ___ Leuprolide (Eligard/Lupron) with bicalutamide (Casodex)^{||}
- ___ Triptorelin (Trelstar) with bicalutamide (Casodex)^{||}
- ___ Continued ADT[§] with supportive care ± dexamethasone

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