

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 **ECOG Performance Status:** _____ **ICD-10 Code:** _____
__1st Line __2nd Line __3rd Line __3rd Line+

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)*

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

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

‡ If neither abiraterone nor enzalutamide have been previously used

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

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.

Prostate Cancer (Adenocarcinoma)

Pathways (Continued)

Recurrent and Metastatic Disease | Hormone Sensitive

- ___ Abiraterone (Zytiga) and prednisone with Androgen Deprivation Therapy (ADT)[†]
- ___ Docetaxel (Taxotere) (every 3 weeks) with Androgen Deprivation Therapy (ADT)[†]
- ___ Goserelin (Zoladex)
- ___ Leuprolide (Eligard/Lupron)
- ___ Triptorelin (Trelstar)

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)
- ___ Enzalutamide (Xtandi) with goserelin (Zoladex)
- ___ Enzalutamide (Xtandi) with leuprolide (Eligard/Lupron)
- ___ Enzalutamide (Xtandi) with triptorelin (Trelstar)
- ___ 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

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

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

[‡] If neither abiraterone nor enzalutamide have been previously used

[§] If not previously used in the first line (1st Line) setting