

Ovarian cancer coverage trends

How coverage is shaping the future of ovarian cancer treatment

Ovarian cancer treatment has evolved significantly from traditional cytotoxic therapies toward targeted and biomarker-driven approaches. These shifts are changing not just how ovarian cancer is treated—but how easily patients can access new therapies through insurance coverage.

While bevacizumab and PARP inhibitors remain mainstays of treatment, newer combination regimens and antibody-drug conjugates (ADCs) are reshaping the therapeutic landscape. March 2026 approval of Lifyorli, to be used in combination with paclitaxel, drives competition to other therapies for platinum-resistant variants.

PARP inhibitors play a critical role in maintenance therapy, particularly for patients with BRCA-mutated ovarian cancer; however, formulary placement varies across agents. Lynparza, followed by Zejula, continues to hold preferred status on most formularies. This preferred positioning is largely driven by clearer prior authorization criteria and more defined eligible patient populations.

Within the anti-VEGF class, biosimilars have largely supplanted branded bevacizumab products. Zirabev has emerged as the most consistently preferred option, while many formularies do not cover Avastin.

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DRG Fingertip data shows coverage favors narrowly defined biomarker populations:

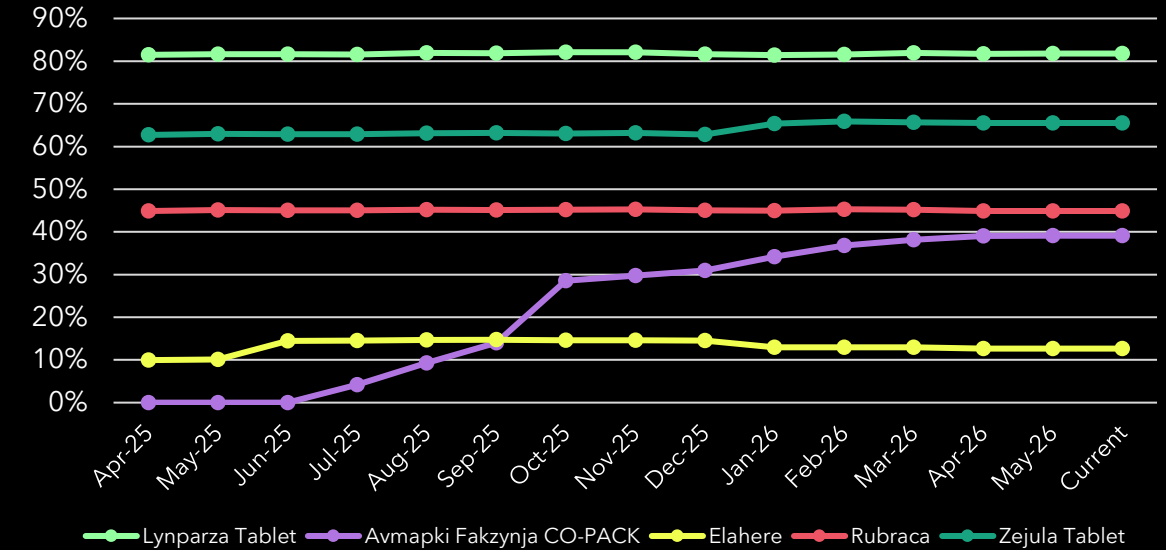


Figure 1. Percentage of lives by pharmacy status

Strategic implications

- Ovarian cancer treatment is increasingly moving toward personalized, biomarker-driven therapies, prompting a shift in what treatments payers are willing to cover – and for which patients. In mid-2025, Elahere and Avmapki Fakzynja CO-PACK were introduced as new targeted options.
- The Avmapki-Fakzynja oral combination, as the first-ever FDA-approved therapy specifically indicated for KRAS-mutated recurrent low-grade serous ovarian cancer, is category-defining and has supported broader coverage expansion. Targeted therapies designed for narrowly defined patient groups are seeing broader coverage, as payers are more comfortable covering treatments with clearly limited and well-defined use.
- By contrast, Elahere, an injectable ADC, applies to a larger eligible population. Elahere remains non-covered on ~75% of formularies when assessed under the pharmacy benefit, despite its strong clinical profile. Even highly effective therapies can face coverage challenges when they apply to larger patient populations, as payers balance clinical benefit against overall budget impact.