Breast Cancer* Pathways: Advanced/Metastatic Disease

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

Line of Therapy: _____ **ICD-10 Code**:_____

Biomarkers/Characteristics: (Select all that apply)

Hormone Receptor (ER or PR): __Negative __Positive OncotypeDx: __Low __Intermediate __High __Not Done/Reported

HER2 status: __Negative__Positive __Equivocal Include ovarian suppression (pre-menopause only): __Yes__No

First Line of Therapy (1st Line)

- Stage IV and Recurrent, HER2 Positive
  - ☐ Pertuzumab (Perjeta), trastuzumab, and docetaxel (Taxotere)
  - ☐ Pertuzumab (Perjeta), trastuzumab, and paclitaxel

Second Line of Therapy (2nd Line)

- Stage IV and Recurrent, HER2 Positive or HER2 Low
  - ☐ Fam-trastuzumab deruxtecan-nxki (Enhertu)

First Line of Therapy (1st Line)

- Stage IV and Recurrent, Triple Negative Breast Cancer (ER, PR, and HER2 negative), CPS ≥ 10
  - ☐ Pembrolizumab (Keytruda) and nab-paclitaxel (Abraxane)
  - ☐ Pembrolizumab (Keytruda) and paclitaxel
  - ☐ Pembrolizumab (Keytruda), gemcitabine (Gemzar), and carboplatin

First, Second, and Third Lines of Therapy (1st, 2nd, and 3rd Line) – Stage IV and Recurrent

- Triple Negative Breast Cancer (ER, PR, and HER2 negative)
  - ☐ Capecitabine (Xeloda)
  - ☐ Doxorubicin (Adriamycin)
  - ☐ Gemcitabine (Gemzar)
  - ☐ Paclitaxel
  - ☐ Vinorelbine (Navelbine)
  - ☐ Sacituzumab govitecan-hziy (Trodelvy) **(third line only)**
- Hormone Receptor (ER or PR) Positive and HER2 Negative
  - ☐ Capecitabine (Xeloda)
  - ☐ Doxorubicin (Adriamycin)
  - ☐ Gemcitabine (Gemzar)
  - ☐ Paclitaxel
  - ☐ Vinorelbine (Navelbine)
  - ☐ Sacituzumab govitecan-hziy (Trodelvy) **(third line only)**

* Breast cancer histologies include invasive ductal, invasive lobular, inflammatory, and invasive NOS.

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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