Breast Cancer Pathways: Endocrine Therapy for Hormone Receptor Positive 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

HER2 status: __Negative__Positive __Equivocal

OncotypeDx: __Low __Intermediate __High __Not Done/Reported

Include ovarian suppression (pre-menopause only): __Yes__No

First Line of Therapy (1st Line) – Stages IV and Recurrent

- ☐ Anastrozole (Arimidex) and palbociclib (Ibrance)
- ☐ Anastrozole (Arimidex) and ribociclib (Kisqali)
- ☐ Letrozole (Femara) and palbociclib (Ibrance)
- ☐ Letrozole (Femara) and ribociclib (Kisqali)

First and Subsequent Lines of Therapy (1st Line+) – Stages IV and Recurrent

- o HER2 Negative
  - ☐ Anastrozole (Arimidex)
  - ☐ Fulvestrant (Faslodex) high dose
  - ☐ Fulvestrant (Faslodex) and ribociclib (Kisqali)†
  - ☐ Letrozole (Femara)
  - ☐ Tamoxifen‡
- o HER2 Positive
  - ☐ Anastrozole (Arimidex) and trastuzumab
  - ☐ Letrozole (Femara) and trastuzumab

Second and Subsequent Lines of Therapy (2nd Line+) – Stages IV and Recurrent

- ☐ Exemestane (Aromasin)
- ☐ Fulvestrant (Faslodex) and palbociclib (Ibrance)†
- o PIK3CA Mutated and HER2 Negative
  - ☐ Fulvestrant (Faslodex) and alpelisib (PIQRAY)§

* With ovarian suppression for premenopausal individuals. Ovarian suppression utilizes LHRH agonists given as monthly injections. 3-month depot dosing does not reliably suppress estrogen levels.

† Palbociclib and ribociclib regimens are not considered pathway when continued in the second line setting if the patient has received an available CDK4/6 inhibitor regimen in the first line setting

‡ Tamoxifen is considered pathway for premenopausal individuals with or without ovarian suppression

§ After progression on prior therapy with a CDK 4/6 inhibitor

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.

carelon

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