Breast Cancer Pathways: Neoadjuvant and Adjuvant (Non-Hormonal)

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

Neoadjuvant Therapy

- HER2 Positive, Stages IA‡ through IIIC
  - ☐ **TCH+P**: docetaxel (Taxotere), carboplatin, trastuzumab, and pertuzumab (Perjeta)
- HER2 Negative, Hormone Receptor (ER or PR) Positive, Stage II through IIIC†
  - ☐ **ddAC → weekly T**: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel
  - ☐ **TC**: docetaxel (Taxotere) and cyclophosphamide
- Triple Negative Breast Cancer (ER and PR, HER2 negative), Stage II through IIIC†
  - ☐ Pembrolizumab, carboplatin, and paclitaxel
  - ☐ Pembrolizumab, doxorubicin, and cyclophosphamide

Adjuvant Therapy

- HER2 Positive
  - Stages IA and IB
    - ☐ **TH***: paclitaxel and trastuzumab
  - Residual Disease following Neoadjuvant Therapy
    - ☐ Ado-trastuzumab emtansine (Kadcyla)
- HER2 negative, Hormone Receptor (ER or PR) Positive, Stage II through IIIC†
  - ☐ **ddAC à weekly T**: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel
  - ☐ **TC**: docetaxel (Taxotere) and cyclophosphamide
- Triple Negative Breast Cancer (ER, PR, and HER2 negative)
  - Stage II through IIIC†**:** Continuation following Neoadjuvant Therapy
    - ☐ Pembrolizumab, following neoadjuvant pembrolizumab-based treatment
  - Residual Disease following Neoadjuvant Therapy
    - ☐ Capecitabine

* Administration of trastuzumab is limited to 1 year (maximum 18 cycles)

† Prognostic Stage OncotypeDx high risk

‡ Stage I tumors must be at least >10 mm

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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