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 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) – Stages IV and Recurrent – HER2 Negative

- ☐ Anastrozole (Arimidex) and ribociclib (Kisqali)
- ☐ Letrozole (Femara) and ribociclib (Kisqali)
- ☐ Anastrozole (Arimidex)
- ☐ Fulvestrant (Faslodex) high dose
- ☐ Fulvestrant (Faslodex) and ribociclib (Kisqali)
- ☐ Letrozole (Femara)
- ☐ Tamoxifen‡

Second Line of Therapy (2nd Line) – Stages IV and Recurrent – HER2 Negative

- ☐ Anastrozole (Arimidex)
- ☐ Fulvestrant (Faslodex) high dose
- ☐ Fulvestrant (Faslodex) and ribociclib (Kisqali)§
- ☐ Letrozole (Femara)
- ☐ Tamoxifen‡
- ☐ Exemestane (Aromasin)

Second or Third Lines of Therapy (2nd or 3rd Line)

- PIK3CA/AKT1/PTEN Mutated and HER2 Negative
  - ☐ Fulvestrant (Faslodex) and alpelisib (PIQRAY) ‖ ¶
  - ☐ Fulvestrant (Faslodex) and capivasertib (TRUQAP) ¶

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

† 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.

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

§ 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

‖ Regimen applies only to the subset of PIK3CA mutations

¶ 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

8600 West Bryn Mawr Avenue
South Tower – Suite 800 Chicago, IL 60631

Last review: 2/20/2024 | Effective date: 4/29/2024