

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.



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

Last review: 11/7/2023 | Effective date: 2/5/2024

© 2024 Carelon Medical Benefits Management