

Breast Cancer Pathways: Advanced/Metastatic Disease

Patient Name: _____

Date of Birth: _____

Member Number: _____

Treatment Start Date: _____

Pathology: _____

Stage: _____

Line of Therapy: __1st Line __2nd Line __3rd Line __3rd Line+

ECOG Performance Status: _____ ICD-10 Code: _____

Biomarkers/Characteristics: (select all that apply)

Estrogen Receptor (ER): __Negative __Positive

Menopausal Status: __Pre __Peri

Progesterone Receptor (PR): __Negative __Positive

__Post __N/A (patient is male)

HER2 status by FISH/CISH: __Negative __Positive __Equivocal

or by IHC: __0 __1+ __2+ __3+

Advanced/Metastatic Disease | HER2 Negative | First and Subsequent Lines of Therapy (1st Line+)

Capecitabine (Xeloda)

Doxorubicin (Adriamycin)

Gemcitabine (Gemzar)

Paclitaxel

Vinorelbine (Navelbine)

Advanced/Metastatic Disease | HER2 Positive | First Line of Therapy (1st Line)

Capecitabine (Xeloda) and trastuzumab

Gemcitabine (Gemzar) and trastuzumab

Paclitaxel and trastuzumab

Pertuzumab (Perjeta), trastuzumab, and docetaxel (Taxotere)

Pertuzumab (Perjeta), trastuzumab, and paclitaxel

Vinorelbine (Navelbine) and trastuzumab

Advanced/Metastatic Disease | HER2 Positive | Second and Subsequent Lines of Therapy (2nd Line+)

Ado-trastuzumab emtansine (Kadcyla)

Capecitabine (Xeloda) and lapatinib (Tykerb)

Capecitabine (Xeloda) and trastuzumab

Gemcitabine (Gemzar) and trastuzumab

Paclitaxel and trastuzumab

Pertuzumab (Perjeta), trastuzumab, and docetaxel (Taxotere)

Pertuzumab (Perjeta), trastuzumab, and paclitaxel

Trastuzumab and lapatinib (Tykerb)

Trastuzumab monotherapy

Tucatinib (Tukysa), trastuzumab, and capecitabine (Xeloda)*

Vinorelbine (Navelbine) and trastuzumab

* Limited to the third and subsequent line setting

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 or alternate formulations (along with the reference products) are considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.



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