Breast Cancer Pathways: Advanced/Metastatic Disease

Patient Name: ___________________________  Date of Birth: ___________________________
Member Number: ___________________________  Treatment Start Date: ___________________________
Pathology: ___________________________

Line of Therapy: _1<sup>st</sup> Line _2<sup>nd</sup> Line _3<sup>rd</sup> Line _3<sup>rd</sup> Line+

Biomarkers/Characteristics: (select all that apply)
- Estrogen Receptor (ER): _Negative _Positive
- Progesterone Receptor (PR): _Negative _Positive
- HER2 status by FISH/CISH: _Negative _Positive _Equivocal
or by IHC: _0 _1+ _2+ _3+

ECOG Performance Status: ______ ICD-10 Code: ______

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
- Vinorelbine (Navelbine) and trastuzumab

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.