

Breast Cancer Pathways: Adjuvant

Patient Name: _____

Date of Birth: _____

Member Number: _____

Treatment Start Date: _____

Pathology: _____

Stage: _____

Line of Therapy: Neoadjuvant/Pre-Op Adjuvant/Post-Op

ECOG Performance Status: _____ ICD-10 Code: _____

Biomarkers/Characteristics: (Select all that apply)

Estrogen Receptor (ER): Negative Positive

OncotypeDx: Low* Intermediate

Progesterone Receptor (PR): Negative Positive

High Not Done/Reported

HER2 status by FISH/CISH: Negative Positive Equivocal

Include ovarian suppression (pre-menopause only):

or by IHC: 0 1+ 2+ 3+

Yes No Unknown

Adjuvant Therapy | HER2 Negative*

ddAC → weekly T: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel

TC: docetaxel (Taxotere) and cyclophosphamide

Adjuvant Therapy | HER2 Positive

AC → TH: doxorubicin (Adriamycin) and cyclophosphamide followed by paclitaxel and trastuzumab (Herceptin)†

TCH: docetaxel (Taxotere), carboplatin, and trastuzumab (Herceptin)†

TH: paclitaxel and trastuzumab (Herceptin)† (**Pathway for stage I, HER2 positive breast cancer only**)

Adjuvant Therapy | HER2 Negative | Hormone Receptor (ER/PR) Negative | Residual Disease following Neoadjuvant Therapy

Capecitabine (Xeloda)

Adjuvant Therapy | HER2 Positive | Residual Disease following Neoadjuvant Therapy

Trastuzumab emtansine (Kadcyla)

*Adjuvant chemotherapy pathways do NOT apply to individuals with hormone-receptor positive, lymph node negative, OncotypeDX™ LOW risk score

†Administration of trastuzumab (Herceptin) is limited to 17 cycles (approximately 1 year)

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.



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