Breast Cancer Pathways:
Endocrine Therapy for 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

Progesterone Receptor (PR): __Negative __Positive

HER2 status by FISH/CISH: __Negative __Positive __Equivocal

or by IHC: __0 __1+ __2+ __3+

Menopausal Status: __Pre __Peri __Post __N/A (patient is male)

Include ovarian suppression (pre-menopause only): __Yes __No __Unknown

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

___Anastrozole (Arimidex)*

___Anastrozole (Arimidex) and palbociclib (Ibrance)*

___Anastrozole (Arimidex) and ribociclib (Kisqali)*

___Fulvestrant (Faslodex)* high dose

___Fulvestrant (Faslodex) and ribociclib (Kisqali)*

___Letrozole (Femara)*

___Letrozole (Femara) and palbociclib (Ibrance)*

___Letrozole (Femara) and ribociclib (Kisqali)*

___Tamoxifen†

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

___Anastrozole (Arimidex)*

___Exemestane (Aromasin)*

___Fulvestrant (Faslodex) high dose*

___Fulvestrant (Faslodex) and palbociclib (Ibrance)*‡

___Letrozole (Femara)*

___Tamoxifen†

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

___Anastrozole (Arimidex) and trastuzumab (Herceptin)*

___Letrozole (Femara) and trastuzumab (Herceptin)*

*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

‡Palbociclib 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

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.

AIM SpecialtyHealth
8600 West Bryn Mawr Avenue
South Tower – Suite 800 Chicago, IL 60631
www.aimspecialtyhealth.com

Last review: 2/19/2019 | Effective date: 5/13/2019