

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 | Triple Negative Breast Cancer | First and Subsequent Lines of Therapy (1st Line+)

Atezolizumab (Tecentriq) and nab-paclitaxel (Abraxane) (PD-L1 \geq 1%)

Pembrolizumab (Keytruda) and Chemotherapy* (CPS \geq 10)

Advanced/Metastatic Disease | Triple Negative Breast Cancer | Third and Subsequent Lines of Therapy (3rd Line+)

Sacituzumab govitecan-hziy (Trodelyv)

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

Capecitabine (Xeloda) and trastuzumab (Herceptin)

Gemcitabine (Gemzar) and trastuzumab (Herceptin)

Paclitaxel and trastuzumab (Herceptin)

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

Pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel

Vinorelbine (Navelbine) and trastuzumab (Herceptin)

* Chemotherapy defined as paclitaxel protein-bound, or paclitaxel, or gemcitabine plus carboplatin

† 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 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 60631
www.aimspecialtyhealth.com

Last review: 3/9/2021 | Effective date: 5/5/2021

Appropriate.Safe.Affordable

© 2021 AIM Specialty Health
9003-0521

Breast Cancer Pathways: Advanced/Metastatic Disease

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
- ___ Trastuzumab and lapatinib (Tykerb)
- ___ Tucatinib (Tukysa), trastuzumab, and capecitabine (Xeloda)[†]
- ___ Vinorelbine (Navelbine) and trastuzumab

* Chemotherapy defined as paclitaxel protein-bound, or paclitaxel, or gemcitabine plus carboplatin

† 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 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.

