

# Breast Cancer Pathways: Advanced/Metastatic Disease

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

**Pathology:** \_\_\_\_\_

**Stage:** \_\_\_\_\_

**Line of Therapy:** \_\_1<sup>st</sup> Line \_\_2<sup>nd</sup> Line \_\_3<sup>rd</sup> Line \_\_3<sup>rd</sup> 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+)

- 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)

## Advanced/Metastatic Disease | HER2 Positive | Second Line of Therapy (2nd Line)

- Fam-trastuzumab deruxtecan-nxki (Enhertu)

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

- Fam-trastuzumab deruxtecan-nxki (Enhertu)

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

**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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