

# Breast Cancer Pathways: Endocrine Therapy for Recurrent or 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:

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

Include ovarian suppression (pre-menopause only):

or by IHC: \_\_0 \_\_1+ \_\_2+ \_\_3+

\_\_Yes \_\_No \_\_Unknown

## Recurrent or Metastatic Disease | Hormone Receptor Positive | First Line of Therapy (1<sup>st</sup> Line)

- Anastrozole (Arimidex)\*
- Anastrozole (Arimidex) and palbociclib (Ibrance)\*
- Anastrozole (Arimidex) and ribociclib (Kisqali)\*
- Fulvestrant (Faslodex)\* high dose
- Letrozole (Femara)\*
- Letrozole (Femara) and palbociclib (Ibrance)\*
- Letrozole (Femara) and ribociclib (Kisqali)\*
- Tamoxifen†

## Recurrent or Metastatic Disease | Hormone Receptor Positive | Second and Subsequent Lines of Therapy (2<sup>nd</sup> Line+)

- Anastrozole (Arimidex)\*
- Exemestane (Aromasin)\*
- Fulvestrant (Faslodex) high dose\*
- Fulvestrant (Faslodex) and palbociclib (Ibrance)\*‡
- Letrozole (Femara)\*
- Tamoxifen†

## Recurrent or Metastatic Disease | Hormone Receptor Positive | HER2 Positive | First and Subsequent Lines of Therapy (1<sup>st</sup> 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: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and 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.**

