

# 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:

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+

## Metastatic Disease | HER2 Negative | First and Subsequent Lines of Therapy (1st Line+)

- Capecitabine (Xeloda)
- Doxorubicin (Adriamycin)
- Gemcitabine (Gemzar)
- Paclitaxel
- Vinorelbine (Navelbine)

## Metastatic Disease | HER2 Negative | Deleterious Germline BRCA Mutation | First and Subsequent Lines of Therapy (1st Line+)

- Olaparib (Lynparza)

## 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)

## 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 (Herceptin)
- Gemcitabine (Gemzar) and trastuzumab (Herceptin)
- Paclitaxel and trastuzumab (Herceptin)
- Pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere)
- Pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel
- Trastuzumab (Herceptin) and lapatinib (Tykerb)
- Trastuzumab (Herceptin) monotherapy
- Vinorelbine (Navelbine) and trastuzumab (Herceptin)

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.

