Breast Cancer Pathways:

Endocrine Therapy for Recurrent or Metastatic Disease

Patient Name:	Date of Birth:
Member Number:	Treatment Start Date:
ICD-10 Code:	Pathology:
Stage: _0 _IA _IB _IIA _IIB _IIIA _IIIB _IIIC _IV _Recurrent	
Line of Treatment:First LineSecond LineThird LineTh	nird Line+
Biomarkers:	
Estrogen Receptor (ER):PositiveNegative	Menopausal Status: Pre / Peri / Post / NA (patient is male)
Progesterone Receptor (PR):PositiveNegative	- Pre-menopausal only: Include ovarian suppression: Yes/No/Unknown
HER2 status:PositiveNegative by IHCFISH	
First line therapy (1 st line) Recurrent or Metastatic D	isease Hormone receptor positive
Anastrozole (Arimidex)*	
Fulvestrant, high dose (Faslodex)*	
Letrozole (Femara)*	
Letrozole (Femara) and palbociclib (Ibrance)*	
Tamoxifen**	
Second and subsequent lines of therapy (2nd line +)	Recurrent or Metastatic Disease Hormone receptor positive
Anastrozole (Arimidex)*	
Exemestane (Aromasin)*	
Fulvestrant, high dose* (Faslodex)	
Fulvestrant (Faslodex) and palbociclib* (Ibrance)	
Letrozole (Femara)*	
Tamoxifen**	
First and subsequent lines of therapy (1st line +) Recipositive	urrent or Metastatic Disease Hormone receptor positive HER2
Anastrozole (Arimidex) and trastuzumab (Herceptin)*	
Letrozole (Femara) and trastuzumab (Herceptin)*	
* With ovarian suppression for premenopausal individuals. Ovarian su does not reliably suppress estrogen levels.	appression utilizes LHRH agonists given as monthly injections. 3-month depot dosing
** Tamoxifen is considered Pathway for premenopausal individuals w	vith or without ovarian suppression

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.