

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

- Olaparib (Lynparza)

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 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: 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.

