

# Breast Cancer\* Pathways: Endocrine Therapy for Hormone Receptor Positive Advanced/Metastatic Disease

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_ Treatment Start Date: \_\_\_\_\_

Pathology: \_\_\_\_\_ Stage: \_\_\_\_\_

Line of Therapy: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

**Biomarkers/Characteristics:** (Select all that apply)

Hormone Receptor (ER or PR): \_\_Negative\_\_Positive

OncotypeDx: \_\_Low\_\_Intermediate\_\_High\_\_Not Done/Reported

HER2 status: \_\_Negative\_\_Positive\_\_Equivocal

Include ovarian suppression (pre-menopause only): \_\_Yes\_\_No

## First Line of Therapy (1<sup>st</sup> Line) – Stages IV and Recurrent – HER2 Negative

- Anastrozole (Arimidex) and ribociclib (Kisqali)
- Letrozole (Femara) and ribociclib (Kisqali)
- Anastrozole (Arimidex)
- Fulvestrant (Faslodex)
- Fulvestrant (Faslodex) and ribociclib (Kisqali)
- Letrozole (Femara)
- Tamoxifen†

## Second Line of Therapy (2<sup>nd</sup> Line) – Stages IV and Recurrent – HER2 Negative

- Anastrozole (Arimidex)
- Fulvestrant (Faslodex)
- Fulvestrant (Faslodex) and ribociclib (Kisqali)‡
- Letrozole (Femara)
- Tamoxifen†
- Exemestane (Aromasin)

## Second or Third Lines of Therapy (2<sup>nd</sup> or 3<sup>rd</sup> Line) – Stages IV and Recurrent

- PIK3CA/AKT1/PTEN Mutated and HER2 Negative
  - Fulvestrant (Faslodex) and alpelisib (PIQRAY)§ ||
  - Fulvestrant (Faslodex) and capivasertib (TRUQAP) ||

\* Breast cancer histologies include invasive ductal, invasive lobular, inflammatory and invasive NOS

† Tamoxifen is considered pathway for premenopausal individuals with or without ovarian suppression

‡ Ribociclib 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

§ Regimen applies only to the subset of PIK3CA mutations

|| After progression on prior therapy with a CDK 4/6 inhibitor

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.



8600 West Bryn Mawr Avenue  
South Tower – Suite 800 Chicago, IL 60631

Last review: 2/10/2026 | Effective date: 4/20/2026

© 2026 Carelon Medical Benefits Management