

# Breast Cancer\* Pathways: 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 (1st Line)

- Stage IV and Recurrent, HER2 Positive
  - Pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere)
  - Pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel
  - Pertuzumab (Perjeta) and fam-trastuzumab deruxtecan-nxki (Enhertu)

## Second Line of Therapy (2<sup>nd</sup> Line)

- Stage IV and Recurrent, HER2 Positive or HER2 Low
  - Fam-trastuzumab deruxtecan-nxki (Enhertu)

## First Line of Therapy (1<sup>st</sup> Line)

- Stage IV and Recurrent, Triple Negative Breast Cancer (ER, PR, and HER2 negative), CPS  $\geq$  10
  - Pembrolizumab (Keytruda) and nab-paclitaxel (Abraxane)
  - Pembrolizumab (Keytruda) and paclitaxel
  - Pembrolizumab (Keytruda), gemcitabine (Gemzar), and carboplatin

## First, Second, and Third Lines of Therapy (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Line) – Stage IV and Recurrent

- Triple Negative Breast Cancer (ER, PR, and HER2 negative)
  - Capecitabine (Xeloda)
  - Doxorubicin (Adriamycin)
  - Gemcitabine (Gemzar)
  - Paclitaxel
  - Vinorelbine (Navelbine)
  - Sacituzumab govitecan-hziy (Trodelvy) (third line only)
- Hormone Receptor (ER or PR) Positive and HER2 Negative
  - Capecitabine (Xeloda)
  - Doxorubicin (Adriamycin)
  - Gemcitabine (Gemzar)
  - Paclitaxel
  - Vinorelbine (Navelbine)
  - Sacituzumab govitecan-hziy (Trodelvy) (third line only)

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

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.



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