

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 Line __Second Line __Third Line __Third Line+

Biomarkers:

Estrogen Receptor (ER): __Positive __Negative

Menopausal Status: Pre / Peri / Post / NA (patient is male)

Progesterone Receptor (PR): __Positive __Negative

- Pre-menopausal only: Include ovarian suppression: Yes/No/Unknown

HER2 status: __Positive __Negative by __ IHC __FISH

First line therapy (1st line) | Recurrent or Metastatic Disease | 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 +) | Recurrent or Metastatic Disease | Hormone receptor positive | HER2 positive

- Anastrozole (Arimidex) and trastuzumab (Herceptin)*
- Letrozole (Femara) and trastuzumab (Herceptin)*

* With ovarian suppression for premenopausal individuals. Ovarian suppression utilizes LHRH agonists given as monthly injections. 3-month depot dosing does not reliably suppress estrogen levels.

** Tamoxifen is considered Pathway for premenopausal individuals with 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.

