Gastric, Esophageal, and Gastroesophageal Junction Adenocarcinoma Pathways

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

Line of Therapy: _____ **ICD-10 Code**:_____

Will the patient be undergoing surgery? __Yes __No Will the patient be undergoing radiation therapy? __Yes __No

Neoadjuvant Therapy (Pre-Operative, Peri-Operative, Primary Therapy)

- Potentially Resectable Disease
  - ☐ **FLOT:** Fluorouracil (5FU), leucovorin, oxaliplatin, and docetaxel (Taxotere)
  - ☐ Paclitaxel and carboplatin with concurrent RT*

Adjuvant Therapy (Post Operative-Adjuvant)

- Resected Disease
  - ☐ Fluorouracil (5FU) and leucovorin with concurrent RT
  - ☐ Nivolumab (Opdivo)*†

First Line of Therapy

- Locally Advanced, Metastatic, or Recurrent Disease
  - Unresectable, HER2 Positive
    - ☐ Cisplatin, fluorouracil (5FU), and trastuzumab
  - HER2 Negative
    - ☐ Fluorouracil (5FU) and Cisplatin‡
    - ☐ **FLO/FOLFOX**: fluorouracil (5FU), leucovorin, and oxaliplatin
    - ☐ **FLP**: fluorouracil (5FU), leucovorin, and cisplatin
    - ☐ **FOLFOX + nivolumab**: fluorouracil (5FU), leucovorin, oxaliplatin, and nivolumab (Opdivo) (CPS ≥ 5)
    - ☐ Pembrolizumab (Keytruda), fluorouracil (5FU) and cisplatin (CPS ≥ 5)
    - ☐ Pembrolizumab (Keytruda), capecitabine (Xeloda) and oxaliplatin (CPS ≥ 5)

Second Line of Therapy (2nd Line)

- Unresectable Locally Advanced, Metastatic, or Recurrent Disease
  - ☐ Irinotecan (Camptosar)
  - ☐ Paclitaxel
  - ☐ Trastuzumab deruxtecan (Enhertu)§ – (HER2 Positive Only)

* Limited to esophageal and gastroesophageal junction cancers only-maximun duration of treatment is one year.

† Limited to patients previously treated with chemoradiation with residual pathological disease-- Maximum duration of treatment is one year.

‡ Limited to gastric tumors only

§ Use only after prior trastuzumab based therapy

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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