Patient Name: _______ Date of Birth: ________ Treatment Start Date: _______ Stage: _______ ICD-10 Code: ________ Adjuvant Therapy Stages I, IA, IB, II, IIA, IIB, and III ____ Capecitabine (Xeloda) and gemcitabine (Gemzar) ______ FULV: fluorouracil (5FU) and leucovorin

First Line of Therapy (1st Line)

· Stages III, IV, and Recurrent

☐ **FOLFIRINOX:** fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin

☐ **mFOLFIRINOX**: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin

☐ mFOLFIRINOX*: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin

☐ Gemcitabine (Gemzar)

☐ Gemcitabine (Gemzar)

☐ Gemcitabine (Gemzar) and albumin-bound-paclitaxel (Abraxane)

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.

Last review: 11/7/2023 | Effective date: 2/5/2024



^{*} Modified FOLFIRINOX: Bolus 5-FU not administered and dose of Irinotecan 150mg/m2