Colorectal Cancer Pathways

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

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

Biomarkers/Characteristics: (select all that apply) RAS genotype: __Wild Type(WT) __Mutant(MT)

Microsatellite instability: __dMMR/MSI-H __MSI-L __Not reported BRAF status: __Wild Type(WT) __V600E or V600K Mutation

Adjuvant Therapy – Stage III – Limited to Colon Cancer

- ☐ Capecitabine (Xeloda)
- ☐ **FULV**: fluorouracil (5FU) and leucovorin
- ☐ **CAPOX**: capecitabine (Xeloda) and oxaliplatin (limited to 3 months duration)
- ☐ **FOLFOX**: fluorouracil (5-FU), leucovorin, and oxaliplatin

First or Second Lines of Therapy (1st or 2nd Line) – Stages IV and Recurrent

- o RAS Wild Type (WT) or Mutant (MT)*****
  - ☐ Capecitabine (Xeloda)
- o RAS Wild Type (WT) or Mutant (MT)***** - Can Be Used With or Without Bevacizumab
  - ☐ **FOLFIRI**: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar)
  - ☐ **FOLFIRINOX**: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin†
  - ☐ **mFOLFIRINOX**: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin‡
  - ☐ **FOLFOX**: fluorouracil (5FU), leucovorin, oxaliplatin
  - ☐ **FULV**: fluorouracil (5FU) and leucovorin
- o RAS Wild Type (WT) and BRAF Wild Type (WT)
  - ☐ **FOLFIRI + panitumumab**: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar) with panitumumab (Vectibix)§
  - ☐ **FOLFOX + panitumumab**: fluorouracil (5-FU), leucovorin, and oxaliplatin with panitumumab (Vectibix)§
  - ☐ Irinotecan (Camptosar) and panitumumab (Vectibix)§
- o MSI-H or dMMR
  - ☐ Pembrolizumab (Keytruda)||

* Exon 2 KRAS, non-exon 2 KRAS, and NRAS mutations; molecular testing recommended for all patients with metastatic disease

† FOLFIRINOX regimen has replaced FOLFOXIRI, as it is the recommended schedule/dosing of this drug combination for Colorectal Cancer,

‡ Modified FOLFIRINOX: Bolus 5-FU is not administered

§ Limit to one line of therapy

|| Administered at a dose of 200 mg every 3 weeks OR 400 mg every 6 weeks per the FDA label OR 2 mg/kg (up to a maximum of 200 mg) every 3 weeks, as clinically appropriate

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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