Gastric, Esophageal, and Gastroesophageal Junction Adenocarcinoma Pathways

Patient Name:	Date of Birth:
Member Number:	Treatment Start Date:
Pathology:	Stage:
Line of Therapy:	
Will the patient be undergoing surgery?YesNo	Will the patient be undergoing radiation therapy?YesNo
Neoadjuvant Therapy (Pre-Operative, Peri-Operative, Primary Therapy)	
Potentially Resectable Disease	
☐ FLOT: Fluorouracil (5FU), leucovorin, oxa	aliplatin, and docetaxel (Taxotere)
☐ Paclitaxel and carboplatin with concurren	t 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	
o HER2 Negative	
☐ Fluorouracil (5FU) and Cisplatin [†]	
☐ Fluorouracil (5FU) +/- Leucovorin and irinotecan (Camptosar) FOLFIRI	
☐ FLO/FOLFOX : fluorouracil (5FU), leucove	orin, and oxaliplatin
☐ FLP : fluorouracil (5FU), leucovorin, and c	sisplatin
☐ FOLFOX + nivolumab: fluorouracil (5FU), leucovorin, oxaliplatin, and nivolumab (Opdivo) (CPS ≥ 5)
☐ Pembrolizumab (Keytruda), fluorouracil (5	5FU) and cisplatin (CPS ≥10)
☐ Pembrolizumab (Keytruda), capecitabine	(Xeloda) and oxaliplatin (CPS ≥10)
Second Line of Therapy (2nd Line)	
Unresectable Locally Advanced, Metastatic, or Rec	current Disease
☐ Irinotecan (Camptosar)	
□ Paclitaxel	
☐ Trastuzumab deruxtecan (Enhertu)‡ – (HI	ER2 Positive Only)

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.



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

[†] Limited to gastric tumors only

[‡] Use only after prior trastuzumab based therapy