Colorectal Cancer Pathways

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

Line of Therapy: __Adjuvant/Post-Op __1st Line __2nd Line __3rd Line __3rd Line+ **ECOG Performance Status**:_____ ICD-10 Code:_____

Biomarkers/Characteristics: (select all that apply) **RAS**: __Wild type(WT) __Mutant(MT)

Adjuvant Therapy | Microsatellite Instability – Low (MSI-L)

___Capecitabine (Xeloda)

___**CAPOX**: capecitabine (Xeloda) and oxaliplatin (limited to 3 months duration)

___**FOLFOX**: fluorouracil (5-FU), leucovorin, and oxaliplatin

___**FULV**: fluorouracil (5FU) and leucovorin

Metastatic Disease | RAS Wild Type (WT) or Mutant (MT)† | First or Second Lines of Therapy (1st or 2nd Line)

___Capecitabine (Xeloda)

___**FOLFIRI**: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar)

___**FOLFIRI + bevacizumab**: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar) with bevacizumab (Avastin)

___**FOLFOX**: fluorouracil (5FU), leucovorin, and oxaliplatin

___**FOLFOX + bevacizumab**: fluorouracil (5FU), leucovorin, oxaliplatin, with bevacizumab (Avastin)

___**FOLFOXIRI + bevacizumab**: fluorouracil (5FU), leucovorin, oxaliplatin, and irinotecan (Camptosar) with bevacizumab (Avastin)

___**FULV**: fluorouracil (5FU) and leucovorin

___**FULV**: fluorouracil (5FU) and leucovorin with bevacizumab (Avastin)

Metastatic Disease | RAS Wild Type (WT) | First or Second Lines of Therapy (1st or 2nd Line)

___**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)‡

Metastatic Disease | MSI-H or dMMR | Second Line of Therapy (2nd Line)

___Pembrolizumab (Keytruda)§

***** Limited to low-risk (T1-3, N1), stage III colon cancer only

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

‡ Limit to one line of therapy

§ Administered at a dose of 200 mg every 3 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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