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*

___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) ||

Metastatic Disease | RAS Wild Type (WT) |Third or Subsequent Lines of Therapy (3rd Line+)

___Panitumumab (Vectibix) monotherapy§

* Adjuvant Pathways do not apply to stage II MSI-H (microsatellite instability-high) disease

† Limited to low-risk (T1-3, N1), stage III 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.

AIM SpecialtyHealth
8600 West Bryn Mawr Avenue
South Tower – Suite 800 Chicago, IL 60631
www.aimspecialtyhealth.com

Last review: 08/21/2018 | Effective date: 11/12/2018