

Pancreatic Cancer (Adenocarcinoma) Pathways

Patient Name: _____

Date of Birth: _____

Member Number: _____

Treatment Start Date: _____

Pathology: _____

Stage: _____

Line of Therapy: Neoadjuvant/Pre-Op Adjuvant/Post-Op
 1st Line 2nd Line 3rd Line 3rd Line+

ECOG Performance Status: _____ **ICD-10 Code:** _____

Adjuvant Therapy

Capecitabine (Xeloda) and gemcitabine (Gemzar)

FULV: fluorouracil (5FU) and leucovorin

Gemcitabine (Gemzar)

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

Locally Advanced/Unresectable and Metastatic Disease | First Line of Therapy (1st Line) | ECOG PS: 0-2

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

Gemcitabine (Gemzar)

Gemcitabine (Gemzar) and nab-paclitaxel (Abraxane)

Locally Advanced/Unresectable and Metastatic Disease | Second Line of Therapy (2nd Line) | ECOG PS: 0-2

Gemcitabine (Gemzar)

*Modified FOLFIRINOX: Bolus 5-FU not administered

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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Last review: 10/27/2020 | Effective date: 10/27/2020

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9019-1020