

# 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  
 1<sup>st</sup> Line  2<sup>nd</sup> Line  3<sup>rd</sup> Line  3<sup>rd</sup> 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 (1<sup>st</sup> 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 (2<sup>nd</sup> 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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