# 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)

Microsatellite instability: __dMMR/MSI-H __MSI-L __Not reported

NTRK Fusion: __Positive __Negative __Not Reported

k-ras genotype: __Wild Type(WT) __Mutant(MT)

n-ras genotype: __Wild Type(WT) __Mutant(MT)

BRAF status: __Wild Type(WT) __V600E Mutation __V600K Mutation

## 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 + bevacizumab**: 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 | First or Second Lines of Therapy (1st or 2nd Line)

___Pembrolizumab (Keytruda)||

* These adjuvant pathways do not apply to patients with MSI-H (microsatellite instability-high) disease

† 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

¶ Bevacizumab administered at a dose of 5mg/kg

**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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