

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

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.

