

# Colorectal Cancer Pathways

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_ Treatment Start Date: \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_ Pathology: \_\_\_\_\_

Stage: \_\_0 \_\_I \_\_IIA \_\_IIB \_\_IIC \_\_IIIA \_\_IIIB \_\_IIIC \_\_IVA \_\_IVB \_\_ Recurrent

Line of Treatment: \_\_Neoadjuvant/Pre-Op \_\_ Adjuvant/Post-Op \_\_First Line \_\_Second Line \_\_Third Line \_\_Third Line+

ECOG Performance Status: \_\_ 0 \_\_ 1 \_\_ 2 \_\_ 3 \_\_ 4

Biomarker:

RAS: \_\_ Wild type \_\_ Mutant

## Adjuvant therapy\*

Capecitabine (Xeloda)

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 (1<sup>st</sup> or 2<sup>nd</sup> 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 (1<sup>st</sup> or 2<sup>nd</sup> 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 therapy (2<sup>nd</sup> line)

Pembrolizumab (Keytruda)

## Metastatic disease | RAS wild type (WT) | Third or subsequent lines of therapy (3<sup>rd</sup> line+)

Panitumumab (Vectibix) monotherapy‡

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

† 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: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and 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.



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