

# Pancreatic Cancer (Adenocarcinoma) Pathways

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

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

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

Stage: \_\_0 \_\_IA \_\_IB \_\_IIA \_\_IIB \_\_III \_\_IV \_\_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

## Adjuvant Therapy

Capecitabine (Xeloda) and gemcitabine (Gemzar)

FULV : fluorouracil (5FU) and leucovorin

Gemcitabine (Gemzar) monotherapy

## Locally Advanced/Unresectable and Metastatic Disease | First line of therapy (1<sup>st</sup> line) | ECOG Performance Status (PS) : 0, 1, 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 Performance Status (PS) : 0, 1, 2

OFF: Fluorouracil (5FU), leucovorin, and oxaliplatin

Gemcitabine (Gemzar) monotherapy

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.

