

FDA-APPROVED COLORECTAL CANCER TREATMENTS

Generic	Brand	Strength	Form	Adult Dose
ALKYLATING AGENTS				
oxaliplatin	Eloxatin	5mg/mL	soln for IV infusion after dilution	<i>Day 1:</i> 85mg/m ² + leucovorin, followed by 5-FU. <i>Day 2:</i> Leucovorin followed by 5-FU. Give by IV infusion every 2wks for a total of 6mos (eg, 12 cycles).
ANTIMETABOLITES				
capecitabine	Xeloda	150mg, 500mg	tabs	1250mg/m ² twice daily for 2wks on and 1wk off, for a total of 8 cycles.
fluorouracil	—	50mg/mL	soln for IV inj	12mg/kg once daily for 4 successive days; max 800mg/day. If no toxicity, then 6mg/kg on days 6, 8, 10, 12; stop after day 12. Discontinue if toxicity occurs.
ANTIMETABOLITES + PHOSPHORYLASE INHIBITORS				
trifluridine/ tipiracil	Lonsurf	15mg/6.14mg, 20mg/8.19mg	tabs	<i>Days 1–5, 8–12:</i> 35mg/m ² twice daily; continue every 28-day cycle until disease progression or unacceptable toxicity; max 80mg/dose (based on trifluridine component).
FOLIC ACID DERIVATIVE				
leucovorin	—	100mg, 350mg	lyophilized pwd for IV or IM inj reconstitution	200mg/m ² by slow IV inj over a minimum of 3min followed by 5-fluorouracil (370mg/m ²); or 20mg/m ² IV followed by 5-fluorouracil (425mg/m ²); <i>both regimens:</i> daily for 5 days, may be repeated at 4-wk intervals for 2 courses and then repeated at 4–5-wk intervals.
levoleucovorin	Fusilev	50mg/vial	lyophilized powder for IV inj after reconstitution	100mg/m ² by slow IV inj over a minimum of 3min, followed by 5-FU at 370mg/m ² by IV inj; or 10mg/m ² by IV inj followed by 5-FU at 425mg/m ² by IV inj. Treat daily for 5 days; may repeat 5-day course at 4wk (28 days) intervals for 2 courses, then at 4–5wk (28–35 days) intervals provided that patient recovered completely from toxic effects from prior treatment course. Administer 5-FU separately to avoid precipitate formation.
FUSION PROTEIN				
ziv-aflibercept	Zaltrap	25mg/mL	soln for IV infusion after dilution	4mg/kg as an IV infusion over 1hr every 2wks; continue until disease progression or unacceptable toxicity.
KINASE INHIBITORS				
regorafenib	Stivarga	40mg	tabs	160mg once daily for the first 21 days of each 28-day cycle; continue until disease progression or unacceptable toxicity.
MONOCLONAL ANTIBODIES				
bevacizumab	Avastin	100mg, 400mg	soln for IV infusion after dilution	5mg/kg (with bolus-IFL) or 10mg/kg (with FOLFOX-4) once every 14 days until disease progression detected; 5mg/kg every 2wks or 7.5mg/kg every 3wks (when used with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based therapy). 1st infusion over 90min, 2nd infusion over 60min, subsequent infusion over 30min.
cetuximab	Erbix¹	100mg, 200mg	soln for IV infusion	400mg/m ² once as an IV infusion over 2hrs; then 250mg/m ² once weekly over 1hr until disease progression or unacceptable toxicity.
ipilimumab	Yervoy²	5mg/mL	soln for IV infusion	<i>In combination with nivolumab:</i> 1mg/kg (given after nivolumab on the same day) every 3wks for 4 doses or until disease progression or unacceptable toxicity.
nivolumab	Opdivo²	10mg/mL	soln for IV infusion after dilution	Give as IV infusion over 30mins. Continue until disease progression or unacceptable toxicity. <i>Single-agent:</i> 240mg every 2wks. <i>In combination with ipilimumab:</i> 3mg/kg (followed by ipilimumab on the same day) every 3wks for 4 doses, then followed by 240mg every 2wks (as single agent).
panitumumab	Vectibix³	20mg/mL	soln for IV infusion after dilution	6mg/kg as IV inf over 60min once every 14 days. <i>Doses >1000mg:</i> infuse over 90min.
pembrolizumab	Keytruda²	50mg/vial	lyophilized pwd for IV infusion after reconstitution	200mg as an IV infusion over 30mins every 3wks until disease progression, unacceptable toxicity, or up to 24mos in patients without disease progression.
		25mg/mL	soln for IV infusion after dilution	
TOPOISOMERASE INHIBITORS				
irinotecan	Camptosar	20mg/mL	soln for IV infusion after dilution	<i>Combination therapy (with 5-FU and leucovorin):</i> 125mg/m ² on days 1, 8, 15, 22; or, 180mg/m ² on days 1, 15, 29; <i>both:</i> give every 6wks. <i>Monotherapy:</i> 125mg/m ² on days 1, 8, 15, 22, then 2-week rest; or, 350mg/m ² once every 3wks.

NOTES

¹ For wild-type *K-RAS*, EGFR-expressing (as determined by an FDA-approved test) colorectal cancer only.

² For microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer.

³ For wild-type *RAS* (as determined by an FDA-approved test) colorectal cancer only.