

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. |
| | Khapzory | 175mg/vial, 300mg/vial | lyophilized pwd for IV inj after reconstitution and dilution | |
| 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 | |
| ramucirumab | Cyramza | 10mg/mL | soln for IV infusion after dilution | <i>In combination with FOLFIRI:</i> 8mg/kg as an IV infusion over 60mins every 2wks until disease progression or unacceptable toxicity. Administer prior to FOLFIRI. |
| 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.
 Not an inclusive list of medications, official indications and/or dosing details. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling. (Rev. 7/2019)