FDA-APPROVED COLORECTAL CANCER TREATMENTS

Generic	Brand	Strength	Form	Adult Dose
ALKYLATING AGENTS				
oxaliplatin	**Eloxatin**	5mg/mL	soln for IV infusion after dilution	*Day 1:* 85mg/m^2 + leucovorin, followed by 5–FU. *Day 2:* Leucovorin followed by 5–FU. Give by IV infusion every 2wks for a total of 6mos (12 cycles) for adjuvant use or until disease progression or unacceptable toxicity for advanced disease.
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	*Days 1–5, 8–12:* 35mg/m^2 twice daily; continue every 28-day cycle until disease progression or unacceptable toxicity; max 80mg/dose (based on trifluridine component).
CTLA-4 BLOCKING ANTIBODY				
ipilimumab	**Yervoy**[3]	5mg/mL	soln for IV infusion	*In combination with nivolumab:* 1mg/kg as an IV infusion over 30mins (given after nivolumab 3mg/kg on the same day) every 3wks for 4 doses. After completing 4 doses of the combination, give nivolumab as a single agent until disease progression or unacceptable toxicity.
EPIDERMAL GROWTH FACTOR RECEPTOR (EGFR) INHIBITORS				
cetuximab	**Erbitux**[2]	100mg, 200mg	soln for IV infusion	Give by IV infusion; max rate: 10mg/min. *Single agent or in combination with irinotecan or FOLFIRI:* Weekly regimen (initial dose): 400mg/m^2 once over 2hrs; (subsequent doses): 250mg/m^2 once weekly over 1hr. Biweekly regimen (initial and subsequent doses): 500mg/m^2 every 2wks over 2hrs. Complete administration 1hr prior to irinotecan or FOLFIRI. *In combination with encorafenib (initial dose):* 400mg/m^2 once over 2hrs; (subsequent doses): 250mg/m^2 once weekly over 1hr. *All:* continue until disease progression or unacceptable toxicity.
panitumumab	**Vectibix**[4]	20mg/mL	soln for IV infusion after dilution	6mg/kg as IV inf over 60min once every 14 days. *Doses >1000mg:* infuse over 90min.
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); *both regimens:* 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 intervals for 2 courses, then at 4–5wk 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				
encorafenib	**Braftovi**[1]	75mg	caps	*In combination with cetuximab:* 300mg once daily until disease progression or unacceptable toxicity. Discontinue Braftovi if cetuximab is discontinued.
regorafenib	**Stivarga**	40mg	tabs	160mg once daily for the first 21 days of each 28-day cycle; continue until disease progression or unacceptable toxicity.
PD-1/PD-L1 BLOCKING ANTIBODIES				
nivolumab	**Opdivo**[3]	10mg/mL	soln for IV infusion after dilution	Give as IV infusion over 30mins. Continue until disease progression or unacceptable toxicity. *Single-agent (≥40kg):* 240mg every 2wks or 480mg every 4wks; *(<40kg):* 3mg/kg every 2wks. *In combination with ipilimumab:* 3mg/kg (followed by ipilimumab on the same day) every 3wks for 4 doses, then followed by 240mg every 2wks or 480mg every 4wks (≥40kg) or 3mg/kg every 2wks (<40kg) as single agent.
pembrolizumab	**Keytruda**[3]	25mg/mL	soln for IV infusion after dilution	Give as IV infusion over 30mins. 200mg every 3wks or 400mg every 6wks until disease progression, unacceptable toxicity, or up to 24mos in patients without disease progression.
TOPOISOMERASE INHIBITORS				
irinotecan	**Camptosar**	20mg/mL	soln for IV infusion after dilution	*Combination therapy (with 5-FU and leucovorin):* 125mg/m^2 on days 1, 8, 15, 22; or, 180mg/m^2 on days 1, 15, 29; *both:* give every 6wks. *Monotherapy:* 125mg/m^2 on days 1, 8, 15, 22, then 2-week rest; or, 350mg/m^2 once every 3wks.
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS				
bevacizumab	**Avastin**	100mg, 400mg	soln for IV infusion after dilution	5mg/kg (with bolus–IFL) or 10mg/kg (with FOLFOX–4) once every 2wks until disease progression; 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.
bevacizumab-awwb	**Mvasi**			
bevacizumab-bvzr	**Zirabev**			
bevacizumab-maly	**Alymsys**			
ramucirumab	**Cyramza**	10mg/mL	soln for IV infusion after dilution	*In combination with FOLFIRI:* 8mg/kg as an IV infusion over 60mins every 2wks until disease progression or unacceptable toxicity. Administer prior to FOLFIRI.

NOTES

[1] For BRAF V600E mutation (as detected by an FDA-approved test) colorectal cancer only.
[2] For wild-type *K-RAS*, EGFR-expressing (as detected by an FDA-approved test) colorectal cancer only.
[3] For microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer.
[4] For wild-type *RAS* (as detected 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. 11/2022)