June 5, 20XX

ABC Health Plan
Attn: Medical Review Office
PO Box 12345
Anytown, USA 11111

Patient Name:
Insurance ID:
Date of Birth:
Facility: 123 Medical Center
Date of Service:
Total Charges:

CLINICAL SUMMARY

Our review of said claim finds the services provided are documented in accordance with care provided to the patient and supports NCCN(National Comprehensive Cancer Network) Guidelines for Colorectal Cancer treatment, as well as the **Health Plan Clinical Policy Criteria Number: CP.PHAR.296, Health Plan Clinical Policy CP.PMN.19 and FDA(Food and Drug Administration) guidelines.**

The patient is a 48-year-old male who initially complained of bowel changes and intermittent bright red bleeding per rectum for 1 year. A flexible sigmoidoscopy performed on 09.27.XX revealed a near obstructing rectal mass about 8 cm from the anal verge. A biopsy confirmed invasive adenocarcinoma of the colon. He had a CEA level of 5. CT of the chest, abdomen, and pelvis was performed on 10.19.XX and resulted in a circumferential mass at the mid to upper portion of the rectum with an adjacent enlarged perirectal lymph node compatible with patient's primary malignancy. The mass extended through the wall of the rectum and was associated with small nodules in the lung fields highly suspicious for small pulmonary metastatic foci superimposed on emphysematous appearance of the lung fields. There was no associated thoracic adenopathy or abdominal adenopathy.

His case was presented before tumor board, along with Interventional Radiology, and the risk of lung biopsy and potential complications was high. The patient was not a candidate for radiation or surgery. It was recommended to proceed with chemo and re-evaluate if he had a positive response to treatment. The treatment plan was developed to begin FOLFOX every 2 weeks, along with anti-nausea IV medications. He received his first cycle of FOLFOX on 10.31.XX. On 11.12.XX He was unable to eat, dehydrated. IV fluid and IV Zofran 16 mg were given due to chemo-induced nausea; he was advised to take Zofran PO q8 hours prn. He received 3 cycles of FOLFOX. On 12.06.XX, a chest CT was performed with contrast and showed an interval response to therapy with a decrease in the size of pulmonary nodules compatible with pulmonary metastatic nodules.

On 12.31.XX, after 5 cycles of FOLFOX, the patient reported experiencing chemo-induced nausea and was given dexamethasone and a 5-HT 3 blocker. In total, the patient received 7 cycles of FOLFOX. He received Fosaprepitant, Palonosetron, Oxaliplatin, and Fluorouracil on 01.14.XX and 01.28.XX. He

received Pegfilgrastim on 01.02.XX, 01.16.XX and 01.30.XX. He received Palonosetron (Aloxi) 0.2 mg IV, Fosaprepitant (Emend) 150 mg IV, dexamethasone IV 12 mg, as well as home use of Compazine and Zofran for nausea, pegfilgrastim (Neulasta) 6 mg SQ for WBC support, and chemotherapy with Oxaliplatin 109.85 mg and Fluorouracil(5FU) 3425 mg IV.

Clinical Policy: Pegfilgrastim (Neulasta), Pegfilgrastim-jmdb (Fulphila), Pegfilgrastim-cbqv (Udenyca)
Reference Number: CP.PHAR.296

[redacted]

Clinical Policy: Aprepitant (Emend, Cinvanti), Fosaprepitant (Emend for [illegible]ection) Reference [illegible]mber: CP.PMN.19

[redacted]

Appendix D:

[redacted]

NCCN (National Comp[illegible]hensive Can[illegible]r Network) Guidelines
Colorectal Ca[illegible]

[redacted]

Regards,

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