Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

TRIFTIPI+BEVA Regimen

Trifluridine/Tipiracil-Bevacizumab

Disease Site

Gastrointestinal
- Colorectal
- Small bowel and appendix

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

Treament of metastatic colorectal cancer (mCRC) in patients who have been previously treated with, or are not candidates for, available therapies including fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapies, anti-VEGF biological agents, and anti-EGFR agents (if RAS wild-type), and have experienced disease progression or intolerance to a maximum of 2 prior chemotherapy regimens for mCRC

Refer to NDFP form for details on funding.

Supplementary Public Funding

trifluridine / tipiracil
Exceptional Access Program (trifluridine / tipiracil - In combination with bevacizumab for treatment of metastatic colorectal cancer, according to clinical criteria) (EAP Website)

bevacizumab
New Drug Funding Program (Bevacizumab (Biosimilar) - In Combination with Trifluridine and Tipiracil for Previously Treated Metastatic Colorectal Cancer) (NDFP Website)

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B - Drug Regimen

Different bevacizumab products are **not interchangeable.**

trifluridine / tipiracil	35* mg /m²	PO	BID on Days 1 to 5 and 8 to 12
bevacizumab	5 mg /kg	IV	Days 1 and 15

*Based on the trifluridine component; up to a maximum of 80 mg per dose.

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Until disease progression or unacceptable toxicity

Trifluridine/tipiracil may be continued if bevacizumab is discontinued for reasons other than disease progression. If trifluridine/tipiracil is discontinued, bevacizumab will not be funded as monotherapy.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal

- Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Routine primary prophylaxis for bevacizumab infusion reactions is not recommended; the use of secondary prophylaxis pre-medications should be based on clinical judgement

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J - Administrative Information

Trifluridine / Tipiracil: Outpatient prescription for home administration

Bevacizumab:

Approximate Patient Visit	0.5 to 1.5 hours
Pharmacy Workload (average time per visit)	17.013 minutes
Nursing Workload (average time per visit)	42.5 minutes

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K - References

CADTH reimbursement recommendation: trifluridine-tipiracil (Lonsurf; metastatic colorectal cancer). Canadian Journal of Health Technologies 2024 March;4(3).

CADTH reimbursement review: trifluridine-tipiracil (Lonsurf; metastatic colorectal cancer). Canadian Journal of Health Technologies 2024 June; 4(6).

Prager GW, Taieb J, Fakih M, et al. Trifluridine-tipiracil and bevacizumab in refractory metastatic colorectal cancer. N Engl J Med. 2023 May 4;388(18):1657-67.

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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