



Oral Treatment

If you've been encouraged to undergo chemotherapy or targeted therapy, it's important to know that not all drugs are the same. You may have options when it comes to how you receive treatment. Some treatment options come in pill form instead of IV.

Brand name (generic) Drug type	Dosage	When It's Prescribed
Xeloda® (capecitabine) Chemotherapy	Comes in 150 mg and 500 mg tablets. Dosage is determined by your doctor and is based on body size.	For stage II, III, and IV patients either before (neoadjuvant) or after (adjuvant) surgery to remove the primary tumor and/or any metastases.
Lonsurf® (trifluridine & tipiracil) Combination drug Chemotherapy	Comes in 15 mg and 20 mg tablets, specific dosage will be determined by your doctor.	For those whose cancer has spread to other parts of the body (stage IV).
Fruzaqla® (fruquintinib) Targeted therapy	Available in 5 mg and 1 mg tablets, specific dosage will be determined by your doctor.	For stage IV patients who have previously received treatment with a fluoropyrimidine, oxaliplatin, irinotecan HCL, and an anti-VEGF therapy.
Braftovi® (encorafenib) Targeted therapy	Recommended dose of 300 mg once daily in combination with IV infusion cetuximab.	For stage IV patients with a specific mutation of BRAF V600E.
Stivarga® (regorafenib) Targeted therapy	Comes in 40 mg tablets. Your specific dose will be determined by your doctor.	For stage IV patients who have not responded to prior treatments.
Krazati® (adagrasib) Targeted therapy	Recommended dosage of 600 mg twice daily, your doctor will determine your specific dose. Adagrasib comes in 200 mg tablets. It may be used with IV cetuximab.	For stage IV patients with the KRAS G12C mutation who have already received a fluoropyrimidine, oxaliplatin, and irinotecan HCL.
Lumakras® (sotorasib) Targeted therapy	Comes in 320 mg and 120 mg tablets. Dosage will be determined by your doctor. May be administered with IV cetuximab.	Sotorasib is not currently approved for CRC treatment, but may be prescribed off-label. It targets a specific mutation of the KRAS gene.
Retevmo® (selpercatinib) Targeted therapy	Comes in 40 mg and 80 mg capsules. Specific dosage will be determined by your doctor.	For stage IV patients that possess a RET gene fusion and did not respond to other therapies.
Vitrakvi® (larotrectinib) Targeted therapy	Comes in 25 mg or 100 mg capsules, or a 20 mg/mL oral solution.	For stage IV patients with an NTRK gene fusion that has gotten worse after other treatment, or cannot be treated with other therapies.
Rozlytrek® (entrectinib) Targeted therapy	Comes in 100 mg and 200 mg capsules. Specific dosage will be determined by your doctor.	For stage IV patients with a NTRK gene fusion that has gotten worse after other treatment, or cannot be treated with other therapies.
Tukysa® (tucatinib) Targeted therapy	Comes in 50 mg and 150 mg tablets. Recommended dosage for CRC is 300 mg twice daily, in combination with trastuzumab. Your specific dosage will be determined by your doctor.	For stage IV patients with an unmutated RAS gene, who have already been treated with a fluoropyrimidine, oxaliplatin, and irinotecan HCL. Tucatinib targets the HER2 protein.
Tykerb® (lapatinib) Targeted therapy	Comes in 250 mg tablets, often administered with trastuzumab.	Lapatinib is not specifically approved to treat CRC, but may be prescribed off-label. Targets the HER2 protein.