

Clinical Policy Title:	panitumumab
Policy Number:	RxA.541
Drug(s) Applied	Vectibix®
Original Policy Date:	03/06/2020
Last Review Date:	10/19/2023
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Colorectal Cancer (must meet all):

1. Diagnosis of CRC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Member meets one of the following (a or b):
 - a. Disease is wild-type RAS (defined as wild-type in both KRAS and NRAS);
 - b. BRAF wild-type;
5. Member has not had disease progression with cetuximab or panitumumab use;
6. One of the following (a, b, c, or d):
 - a. Request is for first-line treatment: Prescribed in combination with FOLFOX or FOLFIRI (off-label);
 - b. Previous treatment with fluoropyrimidine, oxaliplatin, and irinotecan-containing chemotherapy (e.g., FOLFOXIRI);
 - c. Previous treatment with an oxaliplatin containing regimen (e.g., FOLFOX, CapeOx): Prescribed in combination with FOLFIRI, irinotecan, or irinotecan with Braftovi® if BRAF V600E mutation positive (off-label);
 - d. Previous treatment with FOLFIRI: Prescribed in combination with irinotecan, or irinotecan with Braftovi® if BRAF V600E mutation positive (off-label);
7. Request meets one of the following (a or b):*
 - a. Dose does not exceed 6 mg/kg every 14 days;
 - b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

*Prescribed regimen must be FDA-approved or recommended by NCCN

Approval Duration

Commercial: 6 months

Medicaid: 6 months

II. Continued Therapy Approval

A. Colorectal Cancer (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance, or documentation supports that member is currently receiving Vectibix® for a covered indication and has received this medication for at least 30 days;

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):*
 - a. New dose does not exceed 6 mg/kg every 14 days;
 - b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

*Prescribed regimen must be FDA-approved or recommended by NCCN

Approval Duration

Commercial: 12 months

Medicaid: 12 months

References

1. National Comprehensive Cancer Network. Colon Cancer Version 1.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf. Accessed September 13, 2022.
2. National Comprehensive Cancer Network. Rectal Cancer Version 1.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/rectal.pdf. Accessed September 13, 2022.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: <ol style="list-style-type: none"> 1. Policy title table was updated: Line of business policy applies was updated to All lines of business. 2. Added “Member has not had disease progression with cetuximab or panitumumab use” as a part of clinical criteria. 3. References were updated. 	10/10/2020	12/07/2020
Policy was reviewed: <ol style="list-style-type: none"> 1. Initial Approval Criteria I.A.3 was rephrased from “Age 18 years or more” to “Age ≥ 18 years”. 2. References were reviewed and updated. 	09/25/2021	12/07/2021
Policy was reviewed: <ol style="list-style-type: none"> 1. Initial Approval Criteria, I.A.4: Updated diagnostic criteria from Disease is wild-type RAS (defined as wild-type in both KRAS and NRAS) To Member meets one of the following (a or b) <ol style="list-style-type: none"> a. Disease is wild-type RAS (defined as wild-type in both KRAS and NRAS); b. BRAF wild-type; 2. References were reviewed and updated. 	09/13/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023