Reference number(s)
2035-A

SPECIALTY GUIDELINE MANAGEMENT

VECTIBIX (panitumumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
Vectibix is indicated for the treatment of patients with wild-type *RAS* (defined as wild-type in both *KRAS* and *NRAS* as determined by an FDA-approved test for this use) metastatic colorectal cancer (mCRC):
1. As first-line therapy in combination with FOLFOX (fluorouracil, leucovorin, and oxaliplatin)
2. As monotherapy following disease progression after prior treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-containing chemotherapy

Limitation of Use: Vectibix is not indicated for the treatment of patients with *RAS*-mutant mCRC or for whom *RAS* mutation status is unknown.

B. Compendial Use
Colorectal cancer

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Colorectal Cancer (CRC)
Authorization of 12 months may be granted for the treatment of colorectal cancer when all of the following criteria are met:
A. The *RAS (KRAS* and *NRAS)* mutation status is negative (wild-type).
B. Member has not previously experienced clinical failure on cetuximab.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

IV. REFERENCES

1. Vectibix [package insert]. Thousand Oaks, CA: Amgen Inc.; June 2017.
2. The NCCN Drugs & Biologics Compendium™ © 2018 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed July 24, 2018.

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