I. Medication Description

Vectibix (panitumumab) is a recombinant, human IgG2 kappa monoclonal antibody that binds to epidermal growth factor receptor (EGFR) on both normal and tumor cells, and competitively inhibits the binding of ligands for EGFR. Nonclinical studies show that binding of panitumumab to the EGFR prevents ligand-induced receptor autophosphorylation and activation of receptor-associated kinases, resulting in inhibition of cell growth, induction of apoptosis, decreased proinflammatory cytokine and vascular growth factor production, and internalization of the EGFR. In vitro assays and in vivo animal studies demonstrate that panitumumab inhibits the growth and survival of selected human tumor cell lines expressing EGFR.

II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

III. Policy

Coverage of Vectibix is available when the following criteria have been met:

- Member is at least 18 years of age AND
- The medication is prescribed by a hematologist/oncologist AND
- KRAS/NRAS wild-type gene in tumor is confirmed with documentation AND
- The requested use is supported by the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines (NCCN Guidelines®) and/or NCCN Drugs & Biologics Compendium (NCCN Compendium®) with a recommendation of category level 1 or 2A.

IV. Quantity Limitations

Coverage is available for up to 6mg/kg every 14 days.

V. Coverage Duration

Coverage will be provided for 6 months and may be renewable for additional 6 month intervals.
VI. Coverage Renewal Criteria

Coverage can be renewed based upon the following criteria:
- Tumor response with stabilization of disease, lack of disease progression, or decrease in size of tumor or tumor spread AND
- Absence of unacceptable toxicity from the drug

VII. Billing/Coding Information

- Available as 100 mg/5 ml and 400 mg/20ml vials
- J9303: 1 billable unit = 10 mg
- Pertinent diagnosis- Colorectal cancer: C17.0-C17.2, C17.8, C17.9, C18.0-C18.9, C19, C20, C21.8, C78.00-C78.02, C78.6, C78.7, Z85.038, Z85.068

VIII. Summary of Policy Changes

- 9/1/11: Updated to match current NCCN guidelines indicating first-line usage and single agent usage; Coverage duration changed to a standard 6 month timeframe.
- 9/15/12: Addition of penile cancer indication; Clarification of when Vectibix can be used for relapsed/refractory colorectal cancer
- 9/15/13: KRAS mutation positive added to exclusions; Quantity limitations updated.
- 3/15/14: updated policy criteria to match updated NCCN guidelines
- 3/15/15: removed coverage for penile cancer, simplification of coverage criteria for colorectal cancer
- 7/1/15: formulary distinctions made
- 3/15/16: updated coverage to coincide with current NCCN treatment guidelines
- 1/1/17: no policy changes
- 1/1/18: coverage criteria updated to allow use as supported by current NCCN guidelines; updated quantity limitations and billing/coding information
- 1/15/19: no policy changes
- 1/30/20: no policy changes

IX. References

1. Up-to-date Online, retrieved October 2019.


*These guidelines are not applicable to benefits covered under Medicare Advantage. Medicare Advantage benefit coverage requests are reviewed in accordance with the guidance set forth in Chapter 15 Section 50 of the Centers for Medicare & Medicaid Services Medicare Benefit Policy Manual.

The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.

The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.