

Specialty Guideline Management

Vectibix

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Vectibix	panitumumab

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.

FDA-approved Indications¹

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):

- As first-line therapy in combination with FOLFOX (fluorouracil, leucovorin, and oxaliplatin).
- 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.

Compendial Use²⁻⁴

Colorectal cancer

Reference number(s)
2035-A

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- Documentation of RAS wild-type status or KRAS G12C mutation, where applicable.
- Documentation of BRAF mutation status, where applicable.

Coverage Criteria

Colorectal Cancer (CRC)¹⁻⁴

Authorization of 6 months may be granted for the treatment of colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma, for unresectable/inoperable, advanced, or metastatic disease and the member has not previously experienced clinical failure on cetuximab when either of the following criteria are met:

- The member meets all of the following criteria:
 - The RAS (KRAS and NRAS) mutation status is negative (wild-type)
 - If the tumor is positive for BRAF V600E mutation, the requested medication will be used in combination with encorafenib (Braftovi)
 - For first-line treatment of colon cancer, the tumor is left-sided only, or
- The member meets all of the following criteria:
 - The disease is KRAS G12C mutation positive
 - The requested medication will be used in combination with sotorasib (Lumakras) or adagrasib (Krazati)
 - The member previously received treatment with chemotherapy

Continuation of Therapy

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Vectibix [package insert]. Thousand Oaks, CA: Amgen Inc.; August 2021.

Reference number(s)
2035-A

2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed July 8, 2024.
3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Colon Cancer. Version 1.2024. Accessed July 8, 2024. https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf
4. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Anal Carcinoma. Version 4.2024. Accessed July 8, 2024. https://www.nccn.org/professionals/physician_gls/pdf/anal.pdf