Drug Policy:

Erbitux™ (cetuximab)

POLICY NUMBER UM ONC_1133	**SUBJECT** Erbitux™ (cetuximab)		**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 4**
DATES COMMITTEE REVIEWED 07/22/11, 01/02/13, 03/13/13, 07/24/14, 12/16/15, 12/20/16, 12/14/17, 11/08/18, 09/30/19, 10/09/19, 12/11/19, 03/11/20, 05/13/20, 11/11/20, 12/09/20, 04/14/21, 11/15/21, 04/13/22	**APPROVAL DATE** April 13, 2022	**EFFECTIVE DATE** April 29, 2022	**COMMITTEE APPROVAL DATES** 07/22/11, 01/02/13, 03/13/13, 07/24/14, 12/16/15, 12/20/16, 12/14/17, 11/08/18, 09/30/19, 10/09/19, 12/11/19, 03/11/20, 05/13/20, 11/11/20, 12/09/20, 04/14/21, 11/15/21, 04/13/22	
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee		
URAC STANDARDS HUM 1	**NCQA STANDARDS** UM 2		**ADDITIONAL AREAS OF IMPACT**	
CMS REQUIREMENTS	**STATE/FEDERAL REQUIREMENTS**		**APPLICABLE LINES OF BUSINESS** Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Erbitux (cetuximab) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

1. When health plan Medicaid coverage provisions—including any applicable PDLs (Preferred Drug Lists)—conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the Preferred Drug Guidelines OR

2. When health plan Exchange coverage provisions-including any applicable PDLs (Preferred Drug Lists)-conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the Preferred Drug Guidelines OR
3. For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the Preferred Drug Guidelines shall follow NCH L1 Pathways when applicable, otherwise shall follow NCH drug policies AND
4. Continuation requests of previously approved, non-preferred medication are not subject to this provision AND
5. When applicable, generic alternatives are preferred over brand-name drugs.

B. Head and Neck Cancers

1. The member has squamous cell carcinoma of the head and neck Erbitux (cetuximab) may be used in ANY of the following situations.
   a. As a part of primary/definitive/curative-intent concurrent chemoradiation (Erbitux + Radiation) as a single agent for locally advanced disease OR
   b. For locally advanced/recurrent/metastatic disease as a single agent, or in combination with chemotherapy.
2. NOTE: Per NCH Pathway & NCH Policy, [Erbitux (cetuximab) + Taxotere (docetaxel)] or [Erbitux (cetuximab) + Keytruda (pembrolizumab)] are Non-Preferred regimens for the treatment of advanced/metastatic head and neck cancers. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH Preferred regimens. Please refer to NCH Pathway for the preferred treatments recommended for use in advanced/metastatic head and neck cancers.

C. Colorectal Cancer

1. The member has stage IV, KRAS/NRAS Wild-Type metastatic colorectal cancer and Erbitux (cetuximab) is being used as a single agent or in combination with FOLFIRI, FOLFOX, FOLFIRINOX, or irinotecan in the initial or subsequent line setting, except for members who have experienced disease progression on prior therapy with Erbitux (cetuximab) or Vectibix (panitumumab).
2. The member has unresectable, advanced, or metastatic BRAF V600E mutation positive colorectal cancer, regardless of KRAS/NRAS status, and Erbitux (cetuximab) may be used in combination with Braftovi (encorafenib) after prior therapy in the metastatic setting.

III. EXCLUSION CRITERIA

A. Disease progression on prior therapy (single agent or multiagent therapy) that included Erbitux (cetuximab) or Vectibix (panitumumab).

B. Pre/post-operative chemotherapy for potentially resectable liver metastases from KRAS/NRAS wild-type colorectal cancer.

C. Dosing exceeds single dose limit of Erbitux (cetuximab) as follows:
   1. Loading dose of 400 mg/m^2 x 1 dose
   2. Subsequent doses of 250 mg/m^2 weekly OR
   3. 500 mg/m^2 every 2 weeks.

D. Investigational use of Erbitux (cetuximab) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of < 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

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C. Kopetz S, et al. BEACON Trial. Encorafenib, Binimetinib, and Cetuximab in BRAF V600E-Mutated Colorectal Cancer. N Engl J Med. 2019 Oct 24;381(17):1632-1643.

D. Li R, et al. Chemotherapeutic Effectiveness of Combining Cetuximab for Metastatic Colorectal Cancer Treatment: A System Review and Meta-Analysis. Front Oncol. 2020;10:868. Published 2020 May 28.

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F. Erbitux (cetuximab) prescribing information. ImClone LLC, Branchburg, NJ 2021.

G. Clinical Pharmacology Elsevier Gold Standard 2022.

H. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, CO 2022.

I. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2022.

J. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2022.

K. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

L. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.