New Century Health

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, 05/11/22, 09/14/22, 03/08/23, 04/12/23	**APPROVAL DATE** April 12, 2023	**EFFECTIVE DATE** April 28, 2023	**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, 05/11/22, 09/14/22, 03/08/23, 04/12/23	
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee		
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	**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. Continuation requests for a not-approvable medication shall be exempt from this NCH policy provided:

1. The requested medication was used within the last year, AND
2. The member has not experienced disease progression and/or no intolerance to the requested medication, AND

3. Additional medication(s) are not being added to the continuation request.

B. 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). Xeloda (capecitabine) may be substituted for 5-FU (5-fluorouracil) in the above mentioned 5-FU-based regimens.
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. Mekinist (trametinib) use with the above combination is not supported by NCH policy.

C. Head and Neck Cancers

1. The member has squamous cell carcinoma of the head and neck Erbitux (cetuximab) may be used for locally advanced/recurrent/metastatic disease as a single agent or in combination with chemotherapy.
2. NOTE: [Erbitux (cetuximab) + Taxotere (docetaxel)], [Erbitux (cetuximab) + Keytruda (pembrolizumab)], and [Erbitux (cetuximab) + Radiation] are not supported by NCH Policy for the treatment of head and neck cancers. This policy position is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with any of the above regimens compared to NCH recommended regimens/agents, including but not limited to regimens available at https://pathway.newcenturyhealth.com.

III. EXCLUSION CRITERIA

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

B. As a single agent or in combination with pre/post-operative chemotherapy for potentially resectable liver metastases from KRAS/NRAS wild-type colorectal cancer.

C. Absence of documented KRAS/NRAS testing and results of such testing.

D. 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 500 mg/m^2 every 2 weeks.

E. 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 definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.

4. Whether the experimental design, considering 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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G. Clinical Pharmacology Elsevier Gold Standard 2023.

H. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.

I. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.

J. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2023.

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.

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M. NCQA UM 2023 Standards and Elements.