

## Vectibix® (panitumumab) (Intravenous)

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### I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Vectibix 100 mg/5 mL solution for injection single-dose vial : 3 vials every 14 days
- Vectibix 400 mg/20 mL solution for injection single-dose vial: 1 vial every 14 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- 100 billable units every 14 days

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### Colorectal Cancer † ‡ <sup>1,2,6,11</sup>

- Patient is both KRAS and NRAS mutation negative (wild-type) as determined by an FDA or CLIA-compliant test❖; **AND**
- Patient has not been previously treated with cetuximab or panitumumab; **AND**
- Will not be used as part of an adjuvant treatment regimen; **AND**
- Patient has metastatic, unresectable (or medically inoperable), or advanced disease that is BRAF mutation negative (wild-type); **AND**
  - Used as primary treatment; **AND**

- Used in combination with FOLFOX †; **OR**
- Used in combination with CapeOX or FOLFIRI §; **AND**
  - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
  - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
- Used in combination with an irinotecan-based regimen after previous FOLFOX or CapeOX within the past 12 months §; **AND**
  - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
- Used as a single agent or in combination with CapeOx, FOLFOX, or FOLFIRI for rectal cancer if resection is contraindicated following neoadjuvant therapy; **AND**
  - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
  - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
- Used as subsequent therapy; **AND**
  - Used as a single agent; **AND**
    - Patient has fluoropyrimidine-, oxaliplatin-, and irinotecan-refractory disease †; **OR**
    - Patient has irinotecan-intolerant disease; **AND**
      - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
      - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
  - Used in combination with irinotecan for oxaliplatin-refractory disease, irinotecan-refractory disease, or oxaliplatin- and irinotecan-refractory disease §; **AND**
    - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
    - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
  - Used in combination with FOLFIRI for oxaliplatin-refractory disease §\*\*; **AND**

- Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
  - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
- Used in combination with FOLFOX or CapeOx for irinotecan-refractory disease §\*\*; **AND**
  - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
  - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
- Patient has BRAF V600E mutation positive disease as determined by an FDA or CLIA-compliant test‡; **AND**
  - Used in combination with encorafenib; **AND**
    - Used as initial treatment for unresectable metastatic disease after previous FOLFOX or CapeOX within the past 12 months; **AND**
      - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
    - Used as subsequent therapy for progression of advanced or metastatic disease after at least one prior line of treatment in the advanced or metastatic disease setting; **AND**
      - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
      - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy

§Colon cancer patients must have left-sided tumors only.

\*\*May also be used for progression on non-intensive therapy in patients with improvement in functional status (except if received previous fluoropyrimidine).

❖If confirmed using an FDA approved assay - <http://www.fda.gov/companiondiagnostics>

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug

#### IV. Renewal Criteria <sup>1,6,11</sup>

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by a stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: dermatologic/soft-tissue toxicity, electrolyte depletion, severe infusion-related reactions, acute renal failure, pulmonary fibrosis/interstitial lung disease (ILD), photosensitivity, ocular toxicities (i.e., keratitis, corneal perforation), etc.

## V. Dosage/Administration <sup>1,6,11</sup>

Indication	Dose
Colorectal Cancer	Administer 6 mg/kg intravenously every 14 days until disease progression or unacceptable toxicity.

## VI. Billing Code/Availability Information

HCPCS Code:

- J9303 – Injection, panitumumab, 10 mg; 1 billable unit = 10 mg

NDC(s):

- Vectibix 100 mg/5 mL single-dose vial; solution for injection: 55513-0954-xx
- Vectibix 400 mg/20 mL single-dose vial; solution for injection: 55513-0956-xx

## VII. References

1. Vectibix [package insert]. Thousand Oaks, CA; Amgen, Inc; August 2021. Accessed July 2023.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) panitumumab. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2023.
3. Fahrenbruch R, Kintzel P, Bott AM, et al. Dose Rounding of Biologic and Cytotoxic Anticancer Agents: A Position Statement of the Hematology/Oncology Pharmacy Association. J Oncol Pract. 2018 Mar;14(3):e130-e136.
4. Hematology/Oncology Pharmacy Association (2019). *Intravenous Cancer Drug Waste Issue Brief*. Retrieved from [http://www.hoparx.org/images/hopa/advocacy/Issue-Briefs/Drug\\_Waste\\_2019.pdf](http://www.hoparx.org/images/hopa/advocacy/Issue-Briefs/Drug_Waste_2019.pdf)

5. Bach PB, Conti RM, Muller RJ, et al. Overspending driven by oversized single dose vials of cancer drugs. *BMJ*. 2016 Feb 29;352:i788.
6. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Colon Cancer. Version 2.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed July 2023.
7. Van Cutsem E, Peeters M, Siena S, et al. Open-label phase III trial of panitumumab plus best supportive care compared with best supportive care alone in patients with chemotherapy-refractory metastatic colorectal cancer. *J Clin Oncol*. 2007 May 1;25(13):1658-64.
8. Price TJ, Peeters M, Kim TW, et al. Panitumumab versus cetuximab in patients with chemotherapy-refractory wild-type KRAS exon 2 metastatic colorectal cancer (ASPECCT): a randomised, multicentre, open-label, non-inferiority phase 3 study. *Lancet Oncol*. 2014 May;15(6):569-79. doi: 10.1016/S1470-2045(14)70118-4. Epub 2014 Apr 14.
9. Kim TW, Elme A, Kusic Z, et al. A phase 3 trial evaluating panitumumab plus best supportive care vs best supportive care in chemorefractory wild-type KRAS or RAS metastatic colorectal cancer. *Br J Cancer*. 2016 Nov 8;115(10):1206-1214. doi: 10.1038/bjc.2016.309. Epub 2016 Oct 13.
10. Douillard JY, Siena S, Cassidy J, et al. Final results from PRIME: randomized phase III study of panitumumab with FOLFOX4 for first-line treatment of metastatic colorectal cancer. *Ann Oncol*. 2014 Jul;25(7):1346-55. doi: 10.1093/annonc/mdu141. Epub 2014 Apr 8.
11. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Rectal Cancer. Version 4.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2023.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C18.0	Malignant neoplasm of cecum
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure

C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of large intestines
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
Z85.038	Personal history of other malignant neoplasm of large intestine

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Articles (LCAs), and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC



# Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1890  
Southampton, PA 18966-9998  
Phone: 1-866-631-5404 (TTY: 711)  
Fax: 763-847-4010  
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: [https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim\\_Lang-Assist-Notice.pdf](https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf).

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

**Hindi:** यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

**Lao:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).