**Vectibix® (panitumumab)**
*(Intravenous)*

**Document Number: IC-0136**

**Last Review Date:** 09/05/2018  
**Date of Origin:** 12/22/2009  

I. **Length of Authorization**

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

II. **Dosing Limits**

A. **Quantity Limit (max daily dose) [Pharmacy Benefit]:**
   - Vectibix 100 mg/5 mL solution for injection: 7 vials every 14 days
   - Vectibix 400 mg/20 mL solution for injection: 2 vials every 14 days

B. **Max Units (per dose and over time) [Medical Benefit]:**
   - 70 units every 14 days

III. **Initial Approval Criteria**

Coverage is provided in the following conditions:

- Patient is 18 years or older: AND

**Colorectal Cancer †**

- Patient is both KRAS and NRAS mutation negative (wild-type) as determined by FDA-approved test: AND
- Will not be used as part of an adjuvant treatment regimen: AND
- Patient has not been previously treated with cetuximab or panitumumab: AND  
  o Patient must have progressive, metastatic disease: AND  
    - Used as single agent therapy after failure with fluoropyrimidine, oxaliplatin, and irinotecan-containing chemotherapy †; OR
  o Patient must have metastatic, or unresectable advanced disease: AND  
    - Used in combination with irinotecan- or oxaliplatin-based regimens: OR
    - Used in combination with a vemurafenib-based regimen in patients with BRAF V600E mutations.

† FDA-labeled indication(s); ‡ Compendia Recommended Indication(s)
IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet criteria identified in section III: AND
- Tumor response with 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 the following: dermatologic/soft-tissue toxicity, electrolyte depletion, severe infusion related reactions, acute renal failure, pulmonary fibrosis/interstitial lung disease (ILD), keratitis, etc.

V. Dosage/Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
</tr>
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<tbody>
<tr>
<td>All indications</td>
<td>6 mg/kg intravenously every 14 days</td>
</tr>
</tbody>
</table>

VI. Billing Code/Availability Information

JCode:

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

NDC(s):

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

VII. References

2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) panitumumab. National Comprehensive Cancer Network, 2018. 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 2018.

Appendix 1 – Covered Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
</tr>
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<tbody>
<tr>
<td>C17.0</td>
<td>Malignant neoplasm duodenum</td>
</tr>
<tr>
<td>C17.1</td>
<td>Malignant neoplasm jejunum</td>
</tr>
<tr>
<td>C17.2</td>
<td>Malignant neoplasm ileum</td>
</tr>
<tr>
<td>C17.8</td>
<td>Malignant neoplasm of overlapping sites of small intestines</td>
</tr>
</tbody>
</table>
C17.9  Malignant neoplasm of small intestine, unspecified
C18.0  Malignant neoplasm of cecum
C18.1  Malignant neoplasm of appendix
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
Z85.068 Personal history of other malignant neoplasm of small 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) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

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

<table>
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<th>Jurisdiction</th>
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<td>Noridian Healthcare Solutions, LLC</td>
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<tr>
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<td>6</td>
<td>MN, WI, IL</td>
<td>National Government Services, Inc. (NGS)</td>
</tr>
<tr>
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