Market Applicability															
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

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Vectibix (panitumumab)

CG-DRUG-66

Override	Approval Duration
Prior Authorization	6 months

Medication
Vectibix (panitumumab)

APPROVAL CRITERIA:

I. Vectibix (panitumumab) may be approved when the following criteria are met:

A. Individual is using as a single agent or as part of combination therapy for Stage IV colon, rectal, colorectal, small bowel, or anal adenocarcinoma; **AND**
B. Extended RAS gene mutation testing with an FDA approved test is documented and the tumor is determined to be RAS wild-type*; **AND**
C. Panitumumab (Vectibix) is to be used for only one line of therapy; **AND**
D. Vectibix is not being used in combination with anti-VEGF agents (for example bevacizumab);**AND**
E. Individual has not received prior treatment** with cetuximab (Erbitux)

Notes:

*RAS wild-type means that a genetic mutation in the KRAS, NRAS and BRAF genes is lacking, that is these genes are normal or lacking mutations.
*Note: enough for provider to mark Yes or No on the review form

**A course of cetuximab discontinued because of adverse reaction, not progressive disease, is not considered prior treatment.

Requests for Vectibix (panitimumab) may **not** be approved for:

I. The treatment of RAS-mutant metastatic colorectal cancer, small bowel or anal adenocarcinoma, (that is, when an FDA approved test has confirmed the presence of

Market Applicability															
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

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genetic mutations in any of the RAS genes) **or** when RAS mutation status is unknown; **OR**

II. Penile cancer and squamous cell anal carcinoma; **OR**

III. Combination use with other monoclonal antibodies or anti-VEGF agents.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

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Market Applicability															
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

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11. Vectibix (Panitumumab) [Prescribing Information], Thousand Oaks, CA. Amgen. June, 2017. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125147s207lbl.pdf. Accessed on September 21, 2017.
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