Mass General Brigham
Health Plan

Erbitux (cetuximab)
Effective 09/01/2021

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Erbitux is a monoclonal antibody that binds to epidermal growth factor (EGFR) and is indicated for the treatment of head, neck, colorectal, penile, skin, and lung cancer.

Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with Erbitux, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorizations may be granted for members who meet all diagnosis-specific criteria and documentation has been provided.

Colorectal Cancer
Authorization of 6 months may be granted when **all** of the following criteria are met:

1. The RAS (KRAS and NRAS) mutation status is negative (wild type).
2. Member has not previously experienced clinical failure on panitumumab

Squamous Cell Carcinoma of the Head and Neck
Authorization of 6 months may be granted when **any** of the following criteria is met:

1. Disease is locally or regionally advanced, unresectable, recurrent, or metastatic.
2. Member is unfit for surgery.
3. Erbitux will be used in combination with radiation.

Occult Primary Head and Neck Cancer
Authorization of 6 months may be granted as a single agent for treatment of occult primary head and neck cancer for sequential chemoradiation.

Penile Cancer

Authorization of 6 months may be granted as a single agent for subsequent treatment of metastatic penile cancer

Squamous Cell Skin Cancer
Authorization of 6 months may be granted for treatment of squamous cell skin cancer for inoperable positive regional lymph nodes, regional recurrence or distant metastases.

Non-Small Cell Lung Cancer (NSCLC)
Authorization of 6 months may be granted for subsequent treatment of recurrent, advanced or metastatic NSCLC when the following criteria are met:

1. Erbitux will be used in combination with afatinib.
2. Erbitux will be used in members with a known sensitizing EGFR mutation following disease progression on EGFR tyrosine kinase inhibitor therapy.

Continuation of Therapy
Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section above who have not experienced disease progression or an unacceptable toxicity

Limitations

1. Initial authorizations and reauthorizations will be granted for 6 months

References

1. Erbitux (cetuximab) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; November 2020
2. The NCCN Drugs & Biologics Compendium® © 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed July 11, 2019.

Review History
01/20/2021—Reviewed Jan P&T, changed from CVS template to custom template; added overview and updated references Effective 09/01/2021.