

Erbitux® (cetuximab) (Intravenous)

Document Number: IC-0038

Last Review Date: 09/01/2020

Date of Origin: 12/22/2009

Dates Reviewed: 07/2010, 09/2010, 12/2010, 03/2011, 06/2011, 09/2011, 12/2011, 03/2012, 06/2012, 09/2012, 11/2012, 12/2012, 03/2013, 06/2013, 09/2013, 12/2013, 03/2014, 06/2014, 09/2014, 12/2014, 03/2015, 05/2015, 08/2015, 11/2015, 02/2016, 05/2016, 08/2016, 11/2016, 02/2017, 05/2017, 08/2017, 11/2017, 02/2018, 05/2018, 09/2018, 12/2018, 03/2019, 06/2019, 09/2019, 12/2019, 03/2020, 06/2020, 09/2020

I. Length of Authorization ¹

Coverage will be provided for six months and may be renewed unless otherwise specified.

- SCCHN in combination with radiation therapy: Coverage will be provided for the duration of radiation therapy (6-7 weeks).

II. Dosing Limits

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

	Weekly	Every two weeks
Erbitux 100 mg/50 mL solution for injection	1 vial every 7 days	1 vial every 14 days
Erbitux 200 mg/100 mL solution for injection	3 vials every 7 days (5 vials for first dose only)	6 vials every 14 days

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

Weekly	Every two weeks
– Load: 100 billable units x 1 dose – Maintenance Dose: 60 billable units every 7 days	120 billable units every 14 days

III. Initial Approval Criteria ^{1,2,14-24}

Coverage is provided in the following conditions:

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

Colorectal Cancer (CRC) † ^{2,12,13}

- Patient is both KRAS and NRAS mutation negative (wild-type) as determined by an FDA-approved or CLIA-compliant 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**
 - Patient has metastatic, unresectable, or advanced disease that is BRAF mutation negative (wild-type); **AND**
 - Used as first-line or primary therapy; **AND**
 - Used in combination with FOLFIRI †; **OR**
 - Used in combination with FOLFOX (*Note: For colon cancer patients with left sided tumors only*); **OR**
 - Used in combination with irinotecan after previous adjuvant FOLFOX or CapeOX within the past 12 months (*Note: For colon cancer patients with left sided tumors only*); **OR**
 - Used as subsequent therapy; **AND**
 - Used in combination with irinotecan for oxaliplatin- and/or irinotecan-refractory disease; **OR**
 - Used in combination with FOLFIRI for oxaliplatin-refractory disease; **OR**
 - Used in combination with FOLFOX for irinotecan-refractory disease; **OR**
 - Used as a single agent for oxaliplatin- and irinotecan-refractory disease OR irinotecan-intolerant disease; **OR**
 - Used in combination with FOLFOX or FOLFIRI for one of the following (*Note: For colon cancer patients with left sided tumors only*):
 - Unresectable metastatic disease that remains unresectable after primary systemic therapy; **OR**
 - Unresectable metastatic disease in patients who have received adjuvant FOLFOX or CapeOX more than 12 months ago OR who have received previous fluorouracil/leucovorin (5-FU/LV) or capecitabine therapy; **OR**
 - Disease progression on non-intensive therapy with improvement in functional status (*excluding patients previously treated with fluoropyrimidine*); **OR**
 - Patient has progressive, metastatic, unresectable, or advanced disease that is BRAF V600E mutation positive; **AND**
 - Used in combination with encorafenib; **AND**
 - Used as subsequent therapy for disease progression after at least one prior line of treatment in the advanced or metastatic disease setting; **OR**
 - Used as primary treatment after previous adjuvant FOLFOX or CapeOX within the past 12 months

Squamous Cell Carcinoma of the Head and Neck (SCCHN) † ⊕ 2,27

- Used in one of the following regimens: †
 - In combination with radiation therapy for first-line treatment of regionally or locally advanced disease; **OR**
 - As a single agent in recurrent or metastatic disease after failure on platinum-based therapy; **OR**
 - In combination with platinum-based therapy for first-line treatment of recurrent locoregional or metastatic disease; **AND**

- Patient has one of the following sub-types of SCCHN: ‡
 - Cancer of the Glottic Larynx
 - Cancer of the Hypopharynx
 - Cetuximab may also be used as a single agent as sequential systemic therapy/radiation after induction chemotherapy ‡
 - Cancer of the Lip (Mucosa)
 - Cancer of the Nasopharynx
 - Cancer of the Oral Cavity
 - Cancer of the Oropharynx
 - Cetuximab may also be used as a single agent as sequential systemic therapy/radiation after induction chemotherapy ‡
 - Cancer of the Supraglottic Larynx
 - Ethmoid Sinus Tumors
 - Maxillary Sinus Tumors
 - Very Advanced Head and Neck Cancer (i.e., newly diagnosed locally advanced T4b (M0) disease, newly diagnosed unresectable nodal disease, metastatic disease at initial presentation (M1), recurrent or persistent disease, or patients unfit for surgery)
 - Cetuximab may also be used as one of the following:
 - First-line therapy or subsequent therapy as a single agent for non-nasopharyngeal cancer
 - Subsequent therapy in combination with platinum-based therapy (*except for locoregional recurrence without prior radiation therapy*)
 - Sequential systemic therapy/radiation in patients with non-nasopharyngeal cancer as a single agent following induction therapy or combination systemic therapy for recurrent disease

Occult Primary Head and Neck Cancers ‡^{2,27}

- Must be used as initial treatment as a single agent as sequential systemic therapy/radiation following induction chemotherapy

Squamous Cell Skin Cancer ‡²

- Used for inoperable or incompletely resected regional disease; **AND**
 - Used in combination with radiation therapy (RT); **OR**
 - Used as a single agent if curative RT not feasible **AND** if patient is ineligible for immune checkpoint inhibitors and clinical trials; **OR**
- Used for regional recurrence or distant metastases if patient is ineligible for immune checkpoint inhibitors and clinical trials

Penile Cancer ‡²

- Patient has metastatic disease; **AND**
- Must be used for subsequent treatment; **AND**
- Must be used as a single agent

Non-Small Cell Lung Cancer (NSCLC) † 2,24

- Patient must have recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminate disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
- Used in combination with afatinib; **AND**
- Used as subsequent therapy for sensitizing EGFR mutation-positive tumors; **AND**
- Patient has progressed on EGFR tyrosine kinase inhibitor therapy (e.g. erlotinib, afatinib, gefitinib, dacomitinib, osimertinib, etc.); **AND**
 - Patient has asymptomatic disease, symptomatic brain lesions, or isolated symptomatic systemic lesions; **OR**
 - Patient is T790M negative and has multiple symptomatic systemic lesions

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

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

IV. Renewal Criteria 1,2,14-24

Coverage can be renewed based upon the following criteria:

- Patient continues to meet 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 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: anaphylactic reactions, severe infusion reactions, cardiopulmonary arrest, pulmonary toxicity/interstitial lung disease, dermatologic toxicity, hypomagnesemia/electrolyte abnormalities, etc.

V. Dosage/Administration 1,3,4,6,20-23,25,26

Indication	Dose
Colorectal Cancer	400 mg/m ² loading dose intravenously, then 250 mg/m ² intravenously every 7 days until disease progression or unacceptable toxicity; OR 500 mg/m ² intravenously every 14 days until disease progression or unacceptable toxicity
NSCLC	500 mg/m ² intravenously every 14 days until disease progression or unacceptable toxicity
SCCHN	<u>In combination with radiation therapy:</u> 400 mg/m ² loading dose, then 250 mg/m ² every 7 days for the duration of radiation therapy (6-7 weeks)

	<u>Monotherapy or in combination with platinum-based therapy:</u> 400 mg/m ² loading dose, then 250 mg/m ² every 7 days until disease progression or unacceptable toxicity
All other indications	400 mg/m ² loading dose, then 250 mg/m ² every 7 days until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS code:

- J9055 – Injection, cetuximab, 10 mg; 1 billable unit = 10 mg

NDC:

- Erbitux 100 mg/50 mL single-use vial; solution for injection: 66733-0948-xx
- Erbitux 200 mg/100 mL single-use vial; solution for injection: 66733-0958-xx

VII. References

1. Erbitux [package insert]. Branchburg, NJ; ImClone LLC; December 2019; Accessed August 2020.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) cetuximab. National Comprehensive Cancer Network, 2020. 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 2020.
3. Bouchahda M, Macarulla G, Lledo F, et al. Efficacy and safety of cetuximab (C) given with a simplified, every other week (q2w), schedule in patients (pts) with advanced colorectal cancer (aCRC): a multicenter, retrospective study. *J Clin Oncol*. 2008; 26(15S): Abstract 15118. Presented at: The 44th American Society of Clinical Oncology Annual Meeting (ASCO). May 30–June 3, 2008. Chicago, Illinois.
4. Mrabti H, La Fouchardiere C, Desseigne F, Dussart S, Negrier S, Errihani H. Irinotecan associated with cetuximab given every 2 weeks versus cetuximab weekly in metastatic colorectal cancer. *J Can Res Ther*. 2009; 5:272-6.
5. Shitara K, Yuki S, Yoshida M, et al. Phase II study of combination chemotherapy with biweekly cetuximab and irinotecan for wild-type KRAS metastatic colorectal cancer refractory to irinotecan, oxaliplatin, and fluoropyrimidines *World J Gastroenterol*, 2011, April 14; 17(14): 1879-1888
6. Pfeiffer P, Bjerregarrd JK, Qvortrup C, et al, Simplification of Cetuximab (Cet) Administration: Double Dose Every Second Week as a 60 Minute Infusion. *J Clin Oncol*, 2007, 25(18S):4133 [abstract 4133 from 2007 ASCO Annual Meeting Proceedings, Part I].
7. Pfeiffer P, Nielsen D, Bjerregaard J, et al, “Biweekly Cetuximab and Irinotecan as Third-Line Therapy in Patients with Advanced Colorectal Cancer after Failure to Irinotecan, Oxaliplatin and 5-Fluorouracil,” *Ann Oncol*, 2008, 19(6):1141-5.

8. Carneiro BA, Ramanathan RK, Fakhri MG, et al. Phase II study of irinotecan and cetuximab given every 2 weeks as second-line therapy for advanced colorectal cancer. *Clin Colorectal Cancer*. 2012 Mar; 11(1):53-9.
9. 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.
10. 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
11. Bach PB, Conti RM, Muller RJ, et al. Overspending driven by oversized single dose vials of cancer drugs. *BMJ*. 2016 Feb 29;352:i788
12. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Colon Cancer. Version 4.2020. National Comprehensive Cancer Network, 2020. 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 2020.
13. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Rectal Cancer. Version 6.2020. National Comprehensive Cancer Network, 2020. 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 2020.
14. Bonner JA, Harari PM, Giralt J, et al. Radiotherapy plus cetuximab for squamous-cell carcinoma of the head and neck. *N Engl J Med*. 2006 Feb 9;354(6):567-78.
15. Vermorcken JB, Mesia R, Rivera F, et al. Platinum-based chemotherapy plus cetuximab in head and neck cancer. *N Engl J Med*. 2008 Sep 11;359(11):1116-27. doi: 10.1056/NEJMoa0802656.
16. Vermorcken JB, Trigo J, Hitt R, et al. Open-label, uncontrolled, multicenter phase II study to evaluate the efficacy and toxicity of cetuximab as a single agent in patients with recurrent and/or metastatic squamous cell carcinoma of the head and neck who failed to respond to platinum-based therapy. *J Clin Oncol*. 2007 Jun 1;25(16):2171-7.
17. Van Cutsem E, Köhne CH, et al. Cetuximab and chemotherapy as initial treatment for metastatic colorectal cancer. *N Engl J Med*. 2009 Apr 2;360(14):1408-17. doi: 10.1056/NEJMoa0805019.
18. Jonker DJ, O'Callaghan CJ, Karapetis CS, et al. Cetuximab for the treatment of colorectal cancer. *N Engl J Med*. 2007 Nov 15;357(20):2040-8.

19. Cunningham D, Humblet Y, Siena S, et al. Cetuximab monotherapy and cetuximab plus irinotecan in irinotecan-refractory metastatic colorectal cancer. *N Engl J Med*. 2004 Jul 22;351(4):337-45.
20. Samstein RM, Ho AL, Lee NY, et al. Locally advanced and unresectable cutaneous squamous cell carcinoma: outcomes of concurrent cetuximab and radiotherapy. *J Skin Cancer*. 2014;2014:284582. doi: 10.1155/2014/284582. Epub 2014 Jul 21.
21. Maubec E, Petrow P, Scheer-Senjarich I, et al. Phase II study of cetuximab as first-line single-drug therapy in patients with unresectable squamous cell carcinoma of the skin. *J Clin Oncol*. 2011 Sep 1;29(25):3419-26. doi: 10.1200/JCO.2010.34.1735. Epub 2011 Aug 1.
22. Carthon BC, Ng CS, Pettaway CA, et al. Epidermal growth factor receptor-targeted therapy in locally advanced or metastatic squamous cell carcinoma of the penis. *BJU Int*. 2014 Jun;113(6):871-7. doi: 10.1111/bju.12450.
23. Janjigian YY, Smit EF, Groen HJ, et al. Dual inhibition of EGFR with afatinib and cetuximab in kinase inhibitor-resistant EGFR-mutant lung cancer with and without T790M mutations. *Cancer Discov*. 2014 Sep;4(9):1036-45. doi: 10.1158/2159-8290.CD-14-0326. Epub 2014 Jul 29.
24. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Non-Small Cell Lung Cancer. Version 1.2021. National Comprehensive Cancer Network, 2020. 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 2020.
25. Maubec E, Petrow P, Scheer-Senjarich I, et al. Phase II study of cetuximab as first-line single-drug therapy in patients with unresectable squamous cell carcinoma of the skin. *J Clin Oncol*. 2011 Sep 1;29(25):3419-26. doi: 10.1200/JCO.2010.34.1735. Epub 2011 Aug 1.
26. Carthon BC, Ng CS, Pettaway CA, Pagliaro LC. Epidermal growth factor receptor-targeted therapy in locally advanced or metastatic squamous cell carcinoma of the penis. *BJU Int*. 2014;113(6):871-877. doi:10.1111/bju.12450.
27. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Head and Neck Cancers. Version 2.2020. National Comprehensive Cancer Network, 2020. 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 2020.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C00.0	Malignant neoplasm of external upper lip

ICD-10	ICD-10 Description
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified
C00.8	Malignant neoplasm of overlapping sites of lip
C00.9	Malignant neoplasm of lip, unspecified
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C06.0	Malignant neoplasm of cheek mucosa
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx

ERBITUX® (cetuximab) Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2020, Magellan Rx Management

ICD-10	ICD-10 Description
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C17.0	Malignant neoplasm duodenum
C17.1	Malignant neoplasm jejunum
C17.2	Malignant neoplasm ileum
C17.8	Malignant neoplasm of overlapping sites of small intestines
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
C30.0	Malignant neoplasm of nasal cavity
C31.0	Malignant neoplasm of maxillary sinus

ERBITUX® (cetuximab) Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2020, Magellan Rx Management

ICD-10	ICD-10 Description
C31.1	Malignant neoplasm of ethmoidal sinus
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C44.00	Unspecified malignant neoplasm of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face

ERBITUX® (cetuximab) Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2020, Magellan Rx Management

ICD-10	ICD-10 Description
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.92	Squamous cell carcinoma of skin, unspecified
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C76.0	Malignant neoplasm of head, face and neck
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
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
C78.89	Secondary malignant neoplasm of other digestive organs
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D38.0	Neoplasm of uncertain behavior of larynx
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.21	Personal history of malignant neoplasm of larynx

ERBITUX® (cetuximab) Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2020, Magellan Rx Management

ICD-10	ICD-10 Description
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
Z85.49	Personal history of malignant neoplasm of other male genital organs
Z85.810	Personal history of malignant neoplasm of tongue
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity and pharynx
Z85.819	Personal history of malignant neoplasm of unspecified site of lip, oral cavity and pharynx
Z85.828	Personal history of other malignant neoplasm of skin

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 Determinations (LCDs), and Local Coverage Articles (LCAs) 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/LCA): 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.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC