Independent Health

Erbitux® (cetuximab)
(Intravenous)

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I. Length of Authorization

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

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

Coverage is provided in the following conditions:

- Patient is 18 years or older; **AND**

Colorectal Cancer (CRC) †

- Patient is both KRAS and NRAS mutation negative (wild-type) as determined by any FDA or CLIA-compliant testFDA-approved tests*; **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 progressive, metastatic, or unresectable advanced disease that is BRAF mutation negative (wild-type); **AND**

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        - Used as first-line or primary therapy; **AND**
            - Used in combination with FOLFIRI †; **OR**
            - Used in combination with FOLFOX *(Note: For colon cancer patient must have left sided tumor)*; **OR**
            - Used in combination with irinotecan after previous adjuvant FOLFOX or CapeOX within the past 12 months for left-sided tumors only; **OR**
        - Used as subsequent therapy; **AND**
            - Used in combination with irinotecan or irinotecan-based therapy for refractory disease; **OR**
            - Used in combination with FOLFOX for refractory disease; **OR**
    - Patient has progressive, metastatic, or unresectable advanced disease that is BRAF V600E mutation positive; **AND**
        - Used in combination with vemurafenib and irinotecan; **AND**
            - Used as primary therapy after previous adjuvant FOLFOX or CapeOX within the past 12 months; **OR**
            - Used as subsequent therapy for disease progression after previous treatment with fluoropyrimidine-, oxaliplatin-, or irinotecan-based therapy; **OR**
        - Used in combination with dabrafenib and trametinib or with encorafenib and binimetinib; **AND**
            - Used as subsequent therapy for disease progression after previous treatment with fluoropyrimidine-, oxaliplatin-, or irinotecan-based therapy; **OR**
    - Used as a single agent therapy for metastatic disease †; **AND**
        - Patient has previously failed on an oxaliplatin- and irinotecan-based regimen; **OR**
        - Patient is unable to tolerate irinotecan

Squamous Cell Carcinoma of the Head and Neck (SCCHN) †

- 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, loco-regional, 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 for sequential chemoradiation
    - Cancer of the Lip
    - Cancer of the Nasopharynx
    - Cancer of the Oropharynx
        - Cetuximab may also be used as a single agent for sequential chemoradiation ‡
    - Cancer of the Supraglottic Larynx

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- Ethmoid Sinus Tumors
- Maxillary Sinus Tumors
- Very Advanced Head and Neck Cancer
  - Cetuximab may also be used as a single-agent with or without sequential chemoradiation, or in combination with chemotherapy ‡

Occult Primary Head and Neck Cancers ‡

- Must be used as initial treatment as a single agent for sequential chemoradiation following induction chemotherapy

Squamous Cell Skin Cancer ‡

- Treatment for inoperable or incompletely resected regional diease; **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**
- Treatment for regional recurrence or distant metastases if patient is ineligible for immune checkpoint inhibitors and clinical trials

Penile Cancer ‡

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

Non-Small Cell Lung Cancer (NSCLC) ‡

- Patient must have recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease); **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, or gefitinib, 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

*http://www.fda.gov/companiondiagnostics

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s)

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the criteria identified in section III; **AND**

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- 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 the following: anaphylactic reactions, severe infusion reactions, cardiopulmonary arrest, pulmonary toxicity/interstitial lung disease, dermatologic toxicity, hypomagnesemia/electrolyte abnormalities, etc.

V. Dosage/Administration

Indication	Dose
Colorectal Cancer	400 mg/m² loading dose, then 250 mg/m² every 7 days until disease progression or unacceptable toxicity; **OR** 500 mg/m² every 14 days until disease progression or unacceptable toxicity
All other indications	400 mg/m² loading dose, then 250 mg/m² 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; April 2019; Accessed October 2019.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) cetuximab. National Comprehensive Cancer Network, 2019. 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 October 2019.
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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.

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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. First Coast Service Options, Inc. Local Coverage Determination (LCD): Cetuximab (Erbitux®) (L33278). Centers for Medicare & Medicaid Services, Inc. Updated on 10/3/2018 with effective date 10/1/2018. Accessed October 2019.
13. CGS Administrators, LLC. Local Coverage Article: Billing and Coding: Cetuximab; Erbitux -J9055 (A57234). Centers for Medicare & Medicaid Services, Inc. Updated on 09/18/2019 with effective date 09/26/2019. Accessed October 2019.

Appendix 1 – Covered Diagnosis Codes

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

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ICD-10	ICD-10 Description
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
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

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ICD-10	ICD-10 Description
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
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

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ICD-10	ICD-10 Description
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
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

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ICD-10	ICD-10 Description
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
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 Articles may exist and compliance with these policies is required where applicable. They can be found at:

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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/Article):

Jurisdiction(s): N	**NCD/LCD/Article Document (s):** L33278
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L33278&bc=gAAAAAAAAAAAAA	

Jurisdiction(s): 15	**NCD/LCD/Article Document (s):** A57234
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A57234&bc=gAAAAAAAAAAAAA	

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

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