Panitumumab (Vectibix®)

Place of Service

Office Administration
Outpatient Facility Infusion Administration
Infusion Center Administration

HCPCS: J9303 per 10 mg

Condition(s) listed in policy (*see criteria for details*)

- Colorectal cancer or appendiceal carcinoma

AHFS therapeutic class: Antineoplastic Agent

Mechanism of action: Panitumumab is a recombinant, human immunoglobulin G2 (IgG2) kappa monoclonal antibody that binds specifically to the human EGFR.

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Vectibix® (panitumumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Colorectal or appendiceal cancer

1. Diagnosis of advanced unresectable, metastatic, unresectable metachronous metastatic, or medically inoperable disease, **AND**
2. One of the following:
    a. Patient is BRAF V600E wild type *(negative for mutation)*, AND meets either of the following:
        i. Being used in combination with either an irinotecan- or oxaliplatin-containing regimen, or
        ii. Being used as a single agent in patient who is unable to tolerate irinotecan or has experienced disease progression following oxaliplatin- and irinotecan-containing regimens

    OR

    b. Patient is BRAF V600E positive, AND being used in combination with Braftovi

Covered Doses
Up to 6 mg/kg IV infusion every 14 days

Coverage Period
Indefinite

ICD-10:
C17.0-C17.2, C17.8, C17.9, C18.0-C18.9, C19.0, C20.0, C21.8, C78.00-C78.02, C78.6, C78.7, Z85.038, Z85.068

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Vectibix® (panitumumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:
100 mg (single use vials)
400 mg (single use vials)

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.thomsonhc.com
- National Comprehensive Cancer Network. Colon Cancer (Version 2.2023). Available at www.nccn.org.
- National Comprehensive Cancer Network. Rectal Cancer (Version 3.2023). Available at www.nccn.org.
- Vectibix® (panitumumab) [Prescribing Information]. Thousand Oaks, CA: Amgen, Inc. 8/2021.

(7) Policy Update

Date of last revision: 1Q2024
Date of next review: 3Q2024
Changes from previous policy version:

- Section (2): Colorectal or appendiceal cancer - Added coverage for initial treatment and subsequent therapy when used in combination with sotorasib or adagrasib for KRAS G12C mutation positive disease. *Rationale: NCCN category 2A support.*

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee