Reference number(s)
2626-A

STANDARD MEDICARE PART B MANAGEMENT

ERBITUX (cetuximab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Squamous Cell Carcinoma of the Head and Neck (SCCHN)
   Erbitux is indicated:
   i. In combination with radiation therapy for the initial treatment of locally or regionally advanced squamous cell carcinoma of the head and neck (SCCHN).
   ii. In combination with platinum-based therapy with fluorouracil for the first-line treatment of patients with recurrent locoregional disease or metastatic SCCHN.
   iii. As a single agent for the treatment of patients with recurrent or metastatic SCCHN for whom prior platinum-based therapy has failed.
2. K-Ras Wild-type, EGFR-expressing Colorectal Cancer (CRC)
   Erbitux is indicated for the treatment of *KRAS* wild-type, epidermal growth factor receptor (EGFR)-expressing, metastatic colorectal cancer (mCRC) as determined by an FDA-approved test:
   i. In combination with FOLFIRI (irinotecan, fluorouracil, leucovorin) for first-line treatment,
   ii. In combination with irinotecan in patients who are refractory to irinotecan-based chemotherapy,
   iii. As a single agent in patients who have failed oxaliplatin- and irinotecan-based chemotherapy or who are intolerant to irinotecan.

   Limitations of Use:
   Erbitux is not indicated for treatment of Ras-mutant colorectal cancer or when the results of Ras mutation tests are unknown.

B. Compendial Uses

1. Colorectal cancer
2. Squamous cell carcinoma of the head and neck
3. Occult primary head and neck cancer
4. Gastric and gastroesophageal cancer
5. Non-small cell lung cancer
6. Penile cancer
7. Squamous cell skin cancer

C. CMS Nationally Covered Uses
The following NCD policy applies to these criteria: Anti-cancer Chemotherapy for Colorectal Cancer (110.17). CMS covers Erbitux for use in specific clinical trials (NCI-CMS Pilot Project). Refer to the Appendix for a list of these covered clinical trials.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

A. Colorectal Cancer

Authorization of 12 months may be granted for the treatment of colorectal cancer when all of the following criteria are met:

1. The member has RAS (*KRAS and NRAS*) negative (wild-type) tumors.
2. If Erbitux is used in combination with encorafenib (Braftovi), the tumor is positive for BRAF V600E mutation

B. Head and Neck Cancer

Authorization of 12 months may be granted for the treatment of head and neck cancer.

C. Gastric and Gastroesophageal Cancer

Authorization of 12 months may be granted for the treatment of locally advanced or metastatic gastric or gastroesophageal cancer.

D. Penile Cancer

Authorization of 12 months may be granted for the treatment of penile cancer when Erbitux is prescribed as subsequent-line therapy for metastatic disease.

E. Squamous Cell Skin Cancer

Authorization of 12 months may be granted for the treatment of inoperable, recurrent, metastatic, or incompletely resected regional squamous cell skin cancer.

F. Non-Small Cell Lung Cancer (NSCLC)

Authorization of 12 months may be granted for the treatment of recurrent, advanced or metastatic NSCLC.

G. Nationally Covered Uses

Authorization of 12 months may be granted for the treatment of patients enrolled in any of the studies listed in the Appendix section.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:

A. The member is currently receiving therapy with Erbitux.
B. Erbitux is being used to treat an indication enumerated in Section II.
C. Erbitux has been effective for treating the diagnosis or condition.

IV. APPENDIX: Erbitux NCI/CTEP-Sponsored Studies Selected for Inclusion in NCI-CMS Pilot Project (Studies in Various Stages of Development)

Study ID #	Study Title	Phase
C80405	Phase III Trial of Irinotecan/5-FU/Leucovorin or Oxaliplatin/5-FU/Leucovorin with Bevacizumab, or Cetuximab, or with the combination of Bevacizumab and Cetuximab for Patients with Untreated Metastatic Adenocarcinoma of the Colon or Rectum	Phase 3
E2204	An Intergroup Randomized Phase II Study of Bevacizumab or Cetuximab in Combination with Gemcitabine and in Combination with Chemoradiation (Capecitabine and Radiation) in Patients with Completely-Resected Pancreatic Carcinoma	Randomized Phase 2
RTOG-0522	Phase III Trial of Concurrent Accelerated Radiation & Cisplatin vs Concurrent Accelerated Radiation, Cisplatin, & Cetuximab (Followed by Surgery for Selected Patients) for Stage III & IV Head & Neck Carcinomas	Phase 3

Web page with links to the protocol summaries, eligibility and site locations:
https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/id90b.pdf

V. REFERENCES

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7. NCI/CTEP-Sponsored Studies Selected for Inclusion in NCI-CMS Pilot Project. https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/id90b.pdf. Accessed July 28, 2020.