

**Blue Cross Blue Shield of Vermont and The Vermont Health Plan
Prior Approval Guidelines
Erbix™ (cetuximab)**

Description: Cetuximab is a recombinant monoclonal antibody from a chimeric human/mouse source. After binding specifically to the extra-cellular domain of the human epidermal growth factor receptor (EGFR, HER1, c-ErbB-1), the drug competitively inhibits epidermal growth factor (EGF) and other ligands. Phosphorylation and activation of receptor-associated kinases is blocked which results in inhibited cell growth, apoptosis induction and a decrease in matrix metalloproteinase and vascular endothelial growth factor production. EGFR is expressed in many normal epithelial tissues (such as the skin and hair follicle), but over-expression of EGFR is seen in many human cancers including cancer of the colon and rectum.

Indications: Cetuximab is indicated for treatment of patients with EGFR-expressing, metastatic colorectal carcinoma that is refractory to irinotecan-based chemotherapy. It is also indicated as monotherapy in patients with EGFR-expressing, metastatic colorectal carcinoma that are intolerant to irinotecan-based chemotherapy. Current data only supports objective response rates and does not exhibit improved disease-related symptoms or increased survival rates with cetuximab. In combination with radiation for the treatment of squamous cell carcinoma of the head and neck (SCCHN). Used as monotherapy for the treatment of patients with recurrent or metastatic SCCHN for whom prior platinum based therapy has failed.

**Warnings/
Precautions:** About 3% of patients have experienced severe infusion reactions, usually associated with the first infusion. These reactions consist of rapid onset airway obstruction (bronchospasm, stridor, hoarseness), urticaria and hypotension. If reaction occurs, immediately discontinue cetuximab infusion and further treatment. Interstitial lung disease and dermatologic toxicities have been reported in a small number of patients receiving cetuximab infusions.

Reasons for Prior Authorization: Cost Potential for misuse Toxicity

Criteria for Approval: 1) Patient has an FDA-approved indication **and**
2) Patient has failed monotherapy with irinotecan-based chemotherapy

Reasons for Denial of Benefit: 1. Patient has not tried monotherapy with irinotecan
2. Patient does not meet criteria

Benefit Approval: Initial approval for 3 month period; Renewal approval period 6 months

References: 1. Erbitux™ prescribing information, ImClone Systems Incorporated/Bristol-Myers Squibb Company, Branchburg, NJ, 2006.
2. FDA News, P04-20. Feb 12, 2004