Reference number(s)
C22984-A

Vectibix (panitumumab)

PROGRAM RATIONALE

Client Requested: The intent of the criteria is to ensure that patients follow selection elements established by Clover Health for Vectibix.

CRITERIA FOR APPROVAL

1. What is the patient's diagnosis?
   - **a.** Colorectal cancer (including appendiceal adenocarcinoma and anal adenocarcinoma
   - **b.** Other
2. Is the patient currently receiving therapy with the requested medication?
   - Yes
   - No

Continuation criteria

3. Is the patient receiving benefit from therapy with the requested medication as defined as no evidence of unacceptable toxicity and no evidence of disease progression while on the current regimen?
   - Yes
   - No

Initiation criteria

20. What is the clinical setting in which the requested medication will be used?
    - *a.* Unresectable/inoperable disease
    - *b.* Advanced disease
    - c. Metastatic disease
    - d. None of the above

21. Did the patient previously experience clinical failure on cetuximab (Erbitux)?
    - Yes
    - No

22. What is the patient's *RAS* (*KRAS* and *NRAS*) mutation status? **If 'Negative,' attach supporting chart note(s) confirming negative (wild-type) RAS (KRAS and NRAS) mutation status.**
    - a. Negative (wild-type) for *KRAS* and *NRAS* mutations
    - b. Positive for *KRAS* and/or *NRAS* mutation(s)
    - *c.* Unknown

23. Will the requested medication be used in combination with encorafenib (Braftovi)?
    - Yes
    - No
24. Is the tumor positive for BRAF V600E mutation? **If yes, attach supporting chart note(s) confirming positive BRAF V600E mutation status.**
    - Yes
    - No

Reference number(s)
C22984-A

SUMMARY OF EVIDENCE

1. Vectibix [package insert]. Thousand Oaks, CA: Amgen Inc.; August 2021.

EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.