Erbitux® (cetuximab)
(Intravenous)

Document Number: IC-0038

Last Review Date: 08/04/2026
Date of Origin: 12/22/2009
Dates Reviewed: 07/2010, 09/2010, 12/2010, 03/2011, 06/2011, 09/2011, 12/2011, 03/2012, 06/2012, 09/2012, 11/2012, 12/2012, 03/2013, 06/2013, 09/2013, 12/2013, 03/2014, 06/2014, 09/2014, 12/2014, 03/2015, 05/2015, 08/2015, 11/2015, 02/2016, 05/2016, 08/2016, 11/2016, 02/2017, 05/2017, 08/2017, 11/2017, 02/2018, 05/2018, 09/2018, 12/2018, 03/2019, 06/2019, 09/2019, 12/2019, 03/2020, 06/2020, 09/2020, 12/2020, 03/2021, 05/2021, 09/2021, 12/2021, 03/2022, 06/2022, 09/2022, 12/2022, 03/2023, 06/2023, 09/2023, 12/2023, 03/2024, 05/2024, 8/2024, 11/2024, 02/2025, 05/2025, 08/2025, 11/2025, 02/2026, 05/2026, 08/2026

I. Length of Authorization [1,38]

- Initial: Prior authorization validity will be provided initially for 6 months (180 days), unless otherwise specified.
  - Head and Neck Cancer (with concurrent radiation therapy): Prior authorization validity will be provided starting one week prior and for the duration of radiation therapy (up to 8 total weeks).
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter, unless otherwise specified.
  - Head and Neck Cancer (with concurrent radiation therapy): Prior authorization validity may NOT be renewed.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- Small Bowel Adenocarcinoma, Colorectal Cancer, Appendiceal Neoplasms and Cancers, & Head and Neck Cancer:
  - Loading Dose: 100 billable units for 1 dose
  - Maintenance Dose: 130 billable units every 14 days
- NSCLC: 130 billable units every 14 days
- Squamous Cell Skin Cancer & Penile Cancer:
  - Loading Dose: 100 billable units for 1 dose
  - Maintenance Dose: 60 billable units every 7 days

III. Initial Approval Criteria [1]

Prior authorization validity is provided in the following conditions:

- Member is at least 18 years of age; **AND**

Colorectal Cancer (CRC) ¥ † ‡ [1,2,12,13,32,37]

- Will not be used as part of an adjuvant treatment regimen; **AND**
- Member has not been previously treated with cetuximab or panitumumab; **AND**
  - Member has both KRAS and NRAS negative (wild-type [WT]) and BRAF V600E mutation negative (WT) disease as determined by an FDA-approved or Clinical Laboratory Improvement Amendments (CLIA)-compliant test❖; **AND**
    - Used as primary treatment for advanced or metastatic disease OR unresectable (or medically inoperable) disease; **AND**
      - Used as a single agent **§**; **OR**
      - Used in combination with FOLFIRI **†**; **OR**
      - Used in combination with CapeOX or FOLFOX **§**; **OR**
      - Used in combination with irinotecan **§**; **AND**
        - Member previously received FOLFOX or CapeOX within the past 12 months; **OR**
    - Used as subsequent therapy for advanced or metastatic disease; **AND**
      - Used as a single agent; **AND**
        - Member has oxaliplatin- and irinotecan-refractory disease **†**; **OR**
        - Member has irinotecan-intolerant disease **†**; **OR**
      - Used in combination with irinotecan; **AND**
        - Member has irinotecan-refractory disease **†**; **OR**
        - Member has oxaliplatin-refractory disease; **OR**
      - Used in combination with FOLFIRI for oxaliplatin-refractory disease; **OR**
      - Used in combination with FOLFOX or CapeOX for irinotecan-refractory disease; **OR**
  - Member has BRAF V600E mutation positive disease (KRAS WT/NRAS WT) as determined by an FDA-approved or CLIA-compliant test❖; **AND**
    - Used in combination with encorafenib; **AND**
      - Used as initial or subsequent therapy; **AND**
      - Used for advanced or metastatic disease; **OR**
    - Used in combination with encorafenib and fluoropyrimidine-based chemotherapy regimen **AND**
      - Member has advanced or metastatic disease; **OR**
      - Member has unresectable or medically inoperable disease; **OR**
  - Member has KRAS G12C mutation positive disease as determined by an FDA-approved or CLIA-compliant test❖ **‡**; **AND**
    - Used in combination with sotorasib or adagrasib; **AND**
      - Used as initial treatment for unresectable metastatic disease after previous FOLFOX or CapeOX within the past 12 months; **OR**

- Used as subsequent therapy for progression of advanced or metastatic disease

§ Colon cancer members must have left-sided tumors only.

¥ Note: NCCN recommends universal MMR or MSI testing in all newly diagnosed members. If deficient mismatch repair/microsatellite instability-high (dMMR/MSI-H) or polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermutated phenotype (e.g., TMB>50 mut/Mb), treatment should include checkpoint inhibitor immunotherapy if the member is a candidate.

Appendiceal Neoplasms and Cancers ‡ [2,39]

- Member has not been previously treated with cetuximab or panitumumab; **AND**
  - Member has BRAF V600E mutation positive disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
    - Used in combination with encorafenib; **AND**
      - Used as subsequent therapy for recurrent, progressive, metastatic peritoneal-only, or extraperitoneal disease; **OR**
    - Used in combination with encorafenib and FOLFOX; **AND**
      - Used as initial treatment for recurrent or extraperitoneal disease; **OR**
      - Used as neoadjuvant therapy; **AND**
        - Used for biopsy-proven recurrence of high-risk disease and no previous cytoreductive surgery; **OR**
        - Used for metastatic disease in peritoneal-only; **OR**
  - Member has KRAS G12C mutation positive disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
    - Used in combination with sotorasib or adagrasib; **AND**
    - Used as subsequent therapy for recurrent, progressive, metastatic peritoneal-only, or extraperitoneal disease; **OR**
  - Member has both KRAS and NRAS negative (wild-type) and BRAF V600E mutation negative (wild-type) disease as determined by an FDA-approved CLIA compliant test❖; **AND**
    - Used as subsequent therapy for recurrent, progressive, metastatic peritoneal-only, or extraperitoneal disease; **AND**
      - Used as a single agent; **AND**
        - Member has irinotecan-intolerant disease; **OR**
      - Used in combination with irinotecan; **OR**
      - Used in combination with FOLFOX, CapeOX, or FOLFIRI

Small Bowel Adenocarcinoma ‡ [2,40]

- Member has advanced or metastatic disease; **AND**
  - Member has BRAF V600E mutation positive disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
    - Used as initial therapy in combination with encorafenib and FOLFOX for members with proficient mismatch repair/microsatellite-stable (pMMR/MSS) disease; **OR**
    - Used as subsequent therapy (if not previously given) in combination with encorafenib with or without FOLFOX; **OR**
  - Member has KRAS G12C mutation positive disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
    - Used as subsequent therapy (if not previously given) in combination with sotorasib or adagrasib

Head and Neck Cancer † ‡ Φ [1,2,25,29-31]

- Member has squamous cell carcinoma; **AND**
  - Used in combination with radiation therapy as a single agent †; **OR**
  - Used as sequential systemic therapy/radiation as a single agent; **AND**
    - Used following induction chemotherapy for one of the following cancers:
      - Cancer of the hypopharynx
      - Cancer of the oropharynx
      - Cancer of the Glottic Larynx
      - Cancer of the Supraglottic Larynx
      - Ethmoid sinus tumors**
      - Very advanced head and neck cancers* (non-nasopharyngeal and performance status [PS] 0-1)
      - Occult primary cancer; **AND**
        - For poorly differentiated or nonkeratinizing squamous cell, anaplastic (not thyroid), squamous cell carcinoma, or not otherwise specified (NOS) histology; **OR**
        - For human papillomavirus (HPV)-positive; **OR**
    - Used following combination systemic therapy for very advanced head and neck cancers* (non-nasopharyngeal); **OR**
  - Used as first-line therapy; **AND**
    - Used in combination with platinum-based therapy for unresectable, recurrent/persistent, or metastatic disease †; **OR**
    - Used as a single agent for very advanced head and neck cancer* (non-nasopharyngeal); **OR**

- Used in combination with paclitaxel with or without platinum-based therapy for very advanced head and neck cancers* (non-nasopharyngeal); **OR**
- Used in combination with nivolumab or pembrolizumab for very advanced head and neck cancer* (non-nasopharyngeal); **OR**

o Used as subsequent therapy; **AND**

- Used as a single agent for unresectable, recurrent/persistent, or metastatic disease †; **OR**
- Used in combination with carboplatin for cancer of the nasopharynx (T1-4, N0-3, M1 only), if not previously used; **OR**
- Used in combination with paclitaxel with or without platinum-based therapy for very advanced head and neck cancers* (non-nasopharyngeal); **OR**
- Used in combination with platinum-based therapy, nivolumab, or pembrolizumab for very advanced head and neck cancer* (non-nasopharyngeal); **OR**
- Used in combination with carboplatin for very advanced head and neck cancer* (nasopharyngeal) AND PS 0-1

** Very Advanced Head and Neck Cancers include: newly diagnosed (M0) locally advanced T4b, N0–3; newly diagnosed unresectable regional nodal disease, or those unfit for surgery; metastatic disease at initial presentation [M1]; or recurrent or persistent disease with or without distant metastases.*

*** Ethmoid sinus tumors are rare and histopathologically diverse. Histologies may include intestinal type adenocarcinoma, esthesioneuroblastoma, undifferentiated carcinoma (sinonasal undifferentiated carcinoma [SNUC], small cell, midline NUT carcinoma, or sinonasal neuroendocrine carcinoma [SNEC]), or minor salivary gland tumors.*

Squamous Cell Skin Cancer ‡ [2,27]

- Used as a single agent in combination with radiation therapy; **AND**
  - Member has locally advanced disease; **AND**
    - Used as primary treatment for non-surgical candidates; **OR**
    - Used as additional treatment if positive surgical margins and re-resection not feasible; **OR**
  - Member has resected high-risk regional disease of the head and neck with pathologic extranodal extension (ENE) or incompletely excised nodal disease; **OR**
  - Member has regional disease that is unresectable, inoperable, or incompletely resected; **OR**
  - Member has satellitosis/in-transit metastasis that is unresectable or incompletely resected; **OR**
  - Member has regional recurrence or distant metastatic disease; **OR**
- Used as a single agent OR in combination with carboplatin and paclitaxel; **AND**
  - Member is not a candidate for or has progressed on immune checkpoint inhibitors AND clinical trials; **AND**
    - Member has locally advanced disease; **AND**
      - Used as primary treatment if curative surgery and curative radiation therapy (RT) are not feasible; **OR**

        - Used as additional treatment if positive surgical margins and curative surgery and curative RT are not feasible; **OR**
    - Member has regional disease that is unresectable, inoperable, or incompletely resected if curative RT is not feasible; **OR**
    - Member has satellitosis/in-transit metastasis that is unresectable or incompletely resected; **OR**
    - Member has regional recurrence or distant metastatic disease

Penile Cancer ‡ [2,26]

- Used as a single agent; **AND**
- Used as subsequent therapy for metastatic or recurrent disease

Non-Small Cell Lung Cancer (NSCLC) ‡ [2,24]

- Used in combination with afatinib; **AND**
- Member has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
- Used as subsequent therapy; **AND**
- Member has EGFR exon 19 deletion or L858R mutation or EGFR S768I, L861Q, and/or G719X mutation positive tumors as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Member progressed on EGFR tyrosine kinase inhibitor therapy; **AND**
    - Member has asymptomatic disease, symptomatic brain lesions, or symptomatic systemic limited[λ] progression; **AND**
        - Used following progression on subsequent therapy with continuation of erlotinib, afatinib, gefitinib, or dacomitinib therapy for T790M negative disease; **OR**
        - Used following subsequent therapy with continuation of osimertinib; **OR**
        - Used following subsequent therapy with continuation of lazertinib with or without amivantamab; **AND**
            - Member has EGFR exon 19 deletion or L858R mutation; **OR**
    - Member has multiple symptomatic systemic lesions or symptomatic systemic limited[λ] progression; **AND**
        - Used following initial therapy with erlotinib, afatinib, gefitinib, or dacomitinib therapy for T790M negative disease; **OR**
        - Used following initial therapy with osimertinib; **OR**
        - Used following initial therapy with lazertinib with or without amivantamab; **AND**
            - Member has EGFR exon 19 deletion or L858R mutation

[λ] *Limited progression: Clinical trials have included up to 3 to 5 progressing sites.*

❖*If confirmed using an FDA approved assay – http://www.fda.gov/companiondiagnostics*

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1,38]

Prior authorization validity may be renewed based upon the following criteria:

- Member continues to meet the indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Duration of authorization has not been exceeded *(refer to Section I)*; **AND**
- 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: severe infusion reactions/anaphylactic reactions, cardiopulmonary arrest, pulmonary toxicity/interstitial lung disease, dermatologic toxicity, hypomagnesemia/electrolyte abnormalities, etc.

V. Dosage/Administration [1,12,13,20-23,28-36,38-41]

Indication	Dose
Small Bowel Adenocarcinoma, Colorectal Cancer & Appendiceal Neoplasms and Cancers	400 mg/m² loading dose intravenously, then 250 mg/m² intravenously every 7 days until disease progression or unacceptable toxicity **OR** 500 mg/m² intravenously every 14 days until disease progression or unacceptable toxicity
NSCLC	500 mg/m² intravenously every 14 days until disease progression or unacceptable toxicity
Head and Neck Cancer	With concurrent radiation therapy: 400 mg/m² loading dose intravenously 1 week prior to radiation therapy, then 250 mg/m² intravenously every 7 days for the duration of radiation therapy (up to 8 total weeks of therapy) Monotherapy, in combination with paclitaxel, or in combination with platinum-based therapy: 400 mg/m² loading dose intravenously, then 250 mg/m² intravenously every 7 days until disease progression or unacceptable toxicity **OR** 500 mg/m² intravenously every 14 days until disease progression or unacceptable toxicity In combination with nivolumab: 500 mg/m² intravenously every 14 days until disease progression or unacceptable

	toxicity In combination with pembrolizumab: 400 mg/m² loading dose intravenously, then 250 mg/m² intravenously every 7 days until disease progression or unacceptable toxicity
Squamous Cell Skin Cancer & Penile Cancer	400 mg/m² loading dose intravenously, then 250 mg/m² intravenously 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(s):

- Erbitux 100 mg/50 mL single-dose vial, solution for injection: 66733-0948-xx
- Erbitux 200 mg/100 mL single-dose vial, solution for injection: 66733-0958-xx

VII. References

1. Erbitux [package insert]. Branchburg, NJ; ImClone LLC; September 2021; Accessed July 2026.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) cetuximab. National Comprehensive Cancer Network, 2026. 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 July 2026.
3. Bouchahda M, Macarulla G, Lledo F, et al. Efficacy and safety of cetuximab (C) given with a simplified, every other week (q2w), schedule in patients (pts) with advanced colorectal cancer (aCRC): a multicenter, retrospective study. J Clin Oncol. 2008; 26(15S): Abstract 15118. Presented at: The 4th American Society of Clinical Oncology Annual Meeting (ASCO). May 30–June 3, 2008. Chicago, Illinois.
4. Mrabti H, De la Fouchardiere C, Desseigne F, et al. Irinotecan associated with cetuximab given every 2 weeks versus cetuximab weekly in metastatic colorectal cancer. J Can Res Ther. 2009; 5:272-6.
5. Shitara K, Yuki S, Yoshida M, et al. Phase II study of combination chemotherapy with biweekly cetuximab and irinotecan for wild-type KRAS metastatic colorectal cancer refractory to irinotecan, oxaliplatin, and fluoropyrimidines World J Gastroenterol, 2011, April 14; 17(14): 1879-1888
6. Pfeiffer P, Bjerregaard JK, Qvortrup C, et al. Simplification of Cetuximab (Cet) Administration: Double Dose Every Second Week as a 60 Minute Infusion. J Clin Oncol, 2007, 25(18S):4133 [abstract 4133 from 2007 ASCO Annual Meeting Proceedings, Part I].
7. Pfeiffer P, Nielsen D, Bjerregaard J, et al. “Biweekly Cetuximab and Irinotecan as Third-Line Therapy in Patients with Advanced Colorectal Cancer after Failure to Irinotecan, Oxaliplatin and 5-Fluorouracil,” Ann Oncol, 2008, 19(6):1141-5.

8. Carneiro BA, Ramanathan RK, Fakih MG, et al. Phase II study of irinotecan and cetuximab given every 2 weeks as second-line therapy for advanced colorectal cancer. Clin Colorectal Cancer. 2012 Mar; 11(1):53-9.
9. Fahrenbruch R, Kintzel P, Bott AM, et al. Dose Rounding of Biologic and Cytotoxic Anticancer Agents: A Position Statement of the Hematology/Oncology Pharmacy Association. J Oncol Pract. 2018 Mar;14(3):e130-e136.
10. Hematology/Oncology Pharmacy Association Intravenous Cancer Drug Waste Issue Brief. Updated February 2024. Available at: https://www.hoparx.org/documents/287/HOPA_Drug_Waste_Issue_Brief_-_Updated_02.22.24.pdf
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. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Colon Cancer. Version 2.2026. National Comprehensive Cancer Network, 2026. 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 July 2026.
13. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Rectal Cancer. Version 2.2026. National Comprehensive Cancer Network, 2026. 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 July 2026.
14. Bonner JA, Harari PM, Giralt J, et al. Radiotherapy plus cetuximab for squamous-cell carcinoma of the head and neck. N Engl J Med. 2006 Feb 9;354(6):567-78.
15. Vermorken JB, Mesia R, Rivera F, et al. Platinum-based chemotherapy plus cetuximab in head and neck cancer. N Engl J Med. 2008 Sep 11;359(11):1116-27. doi: 10.1056/NEJMoa0802656.
16. Vermorken JB, Trigo J, Hitt R, et al. Open-label, uncontrolled, multicenter phase II study to evaluate the efficacy and toxicity of cetuximab as a single agent in patients with recurrent and/or metastatic squamous cell carcinoma of the head and neck who failed to respond to platinum-based therapy. J Clin Oncol. 2007 Jun 1;25(16):2171-7.
17. Van Cutsem E, Köhne CH, et al. Cetuximab and chemotherapy as initial treatment for metastatic colorectal cancer. N Engl J Med. 2009 Apr 2;360(14):1408-17. doi: 10.1056/NEJMoa0805019.
18. Jonker DJ, O'Callaghan CJ, Karapetis CS, et al. Cetuximab for the treatment of colorectal cancer. N Engl J Med. 2007 Nov 15;357(20):2040-8.
19. Cunningham D, Humblet Y, Siena S, et al. Cetuximab monotherapy and cetuximab plus irinotecan in irinotecan-refractory metastatic colorectal cancer. N Engl J Med. 2004 Jul 22;351(4):337-45.
20. Samstein RM, Ho AL, Lee NY, et al. Locally advanced and unresectable cutaneous squamous cell carcinoma: outcomes of concurrent cetuximab and radiotherapy. J Skin Cancer. 2014;2014:284582. doi: 10.1155/2014/284582. Epub 2014 Jul 21.

21. Maubec E, Petrow P, Scheer-Senyarich I, et al. Phase II study of cetuximab as first-line single-drug therapy in patients with unresectable squamous cell carcinoma of the skin. J Clin Oncol. 2011 Sep 1;29(25):3419-26. doi: 10.1200/JCO.2010.34.1735. Epub 2011 Aug 1.
22. Carthon BC, Ng CS, Pettaway CA, et al. Epidermal growth factor receptor-targeted therapy in locally advanced or metastatic squamous cell carcinoma of the penis. BJU Int. 2014 Jun;113(6):871-7. doi: 10.1111/bju.12450.
23. Janjigian YY, Smit EF, Groen HJ, et al. Dual inhibition of EGFR with afatinib and cetuximab in kinase inhibitor-resistant EGFR-mutant lung cancer with and without T790M mutations. Cancer Discov. 2014 Sep;4(9):1036-45. doi: 10.1158/2159-8290.CD-14-0326. Epub 2014 Jul 29.
24. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Non-Small Cell Lung Cancer. Version 6.2026. National Comprehensive Cancer Network, 2026. 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 July 2026.
25. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Head and Neck Cancers. Version 2.2026. National Comprehensive Cancer Network, 2026. 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 July 2026.
26. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Penile Cancer. Version 2.2026. National Comprehensive Cancer Network, 2026. 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 July 2026.
27. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Squamous Cell Skin Cancer. Version 2.2026. National Comprehensive Cancer Network, 2026. 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 July 2026.
28. Kopetz S, Grothey A, Yaeger R, et al. Encorafenib, Binimetinib, and Cetuximab in BRAF V600E-Mutated Colorectal Cancer. N Engl J Med. 2019 Oct 24;381(17):1632-1643. doi: 10.1056/NEJMoa1908075. Epub 2019 Sep 30.
29. Chung C, Li J, Steuer C, et al. Phase II Multi-institutional Clinical Trial Result of Concurrent Cetuximab and Nivolumab in Recurrent and/or Metastatic Head and Neck Squamous Cell Carcinoma. Clin Cancer Res. 2022 Jun 1;28(11):2329-2338. doi: 10.1158/1078-0432.CCR-21-3849.
30. Mesía R, Vázquez S, Grau JJ, et al.; Spanish Head and Neck Cancer Cooperative Group (TTCC). A Phase 2 Open Label, Single-Arm Trial to Evaluate the Combination of Cetuximab Plus Taxotere, Cisplatin, and 5-Flurouracil as an Induction Regimen in Patients With

Unresectable Squamous Cell Carcinoma of the Head and Neck. Int J Radiat Oncol Biol Phys. 2016 Feb 1;94(2):289-96.

31. Sacco AG, Chen R, Worden FP, et al. Pembrolizumab plus cetuximab in patients with recurrent or metastatic head and neck squamous cell carcinoma: an open-label, multi-arm, non-randomised, multicentre, phase 2 trial. Lancet Oncol 2021;22:883-892.
32. Yaeger R, Weiss J, Pelster M, et al. Adagrasib with or without Cetuximab in Colorectal Cancer with Mutated KRAS G12C. N Engl J Med 2023;388:44- 54.
33. Carinato H, Burgy M, Ferry R, et al. Weekly Paclitaxel, Carboplatin, and Cetuximab as First-Line Treatment of Recurrent and/or Metastatic Head and Neck Squamous Cell Carcinoma for Patients Ineligible to Cisplatin-Based Chemotherapy: A Retrospective Monocentric Study in 60 Patients. Front Oncol. 2021 Oct 27;11:714551. doi: 10.3389/fonc.2021.714551.
34. Tahara M, Kiyota N, Yokota T, et al. Phase II trial of combination treatment with paclitaxel, carboplatin and cetuximab (PCE) as first-line treatment in patients with recurrent and/or metastatic squamous cell carcinoma of the head and neck (CSPOR-HN02). Ann Oncol. 2018 Apr 1;29(4):1004-1009. doi: 10.1093/annonc/mdy040.
35. Geraghty L, Schultz TE, Hoffman SE, et al. Weekly vs. 3-weekly paclitaxel, carboplatin, and cetuximab (PCC) in recurrent/metastatic head and neck cancer. Mol Clin Oncol. 2021 Nov;15(5):240. doi: 10.3892/mco.2021.2403.
36. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Cetuximab: Head and Neck Cancers, HDN134. National Comprehensive Cancer Network, 2026. 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 Guidelines, go online to NCCN.org. Accessed July 2026.
37. Kopetz S, Yoshino T, Kim TW, et al. BREAKWATER: An open-label, multicenter, randomized, phase 3 study, with a safety lead-in (SLI), of first-line (1L) encorafenib (E) + cetuximab (C) ± chemotherapy (CT) vs standard-of-care (SOC) CT for BRAF V600E-mutant metastatic colorectal cancer (mCRC). Journal of Clinical Oncology Volume 41, Number 16_suppl. https://doi.org/10.1200/JCO.2023.41.16_suppl.TPS3627
38. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Cetuximab: Head and Neck Cancers, HDN26. National Comprehensive Cancer Network, 2026. 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 Guidelines, go online to NCCN.org. Accessed July 2026.
39. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Appendiceal Neoplasms and Cancers. Version 2.2026. National Comprehensive Cancer Network, 2026. 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 July 2026.
40. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Small Bowel Adenocarcinoma. Version 2.2026. National Comprehensive Cancer Network, 2026. 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 July 2026.
41. Hitt R, Irigoyen A, Cortes-Funes H, et al. Phase II study of the combination of cetuximab and weekly paclitaxel in the first-line treatment of patients with recurrent and/or metastatic squamous cell carcinoma of head and neck. Ann Oncol. 2012 Apr;23(4):1016-22.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	Yes: Consider for PA
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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
C00.9	Malignant neoplasm of lip, unspecified
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

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
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
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

ICD-10	ICD-10 Description
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
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 of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
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

ICD-10	ICD-10 Description
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
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
C44.02	Squamous cell carcinoma 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

ICD-10	ICD-10 Description
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
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
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
D37.02	Neoplasm of uncertain behavior of tongue
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D37.3	Neoplasm of uncertain behavior of appendix
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
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
Z85.810	Personal history of malignant neoplasm of the tongue
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. 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 Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

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
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
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