Vectibix® (panitumumab)
(Intravenous)

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 6 months (180 days).
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter.

II. Dosing Limits

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

- 70 billable units every 14 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 † ‡ ¥ [1,2,6,11-13]

- Member has not been previously treated with cetuximab or panitumumab; **AND**
- Will not be used as part of an adjuvant treatment regimen; **AND**
    - Member has both KRAS and NRAS mutation negative (wild-type [WT]) and BRAF V600E negative (WT) disease as determined by an FDA 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 FOLFOX **†**; **OR**
            - Used in combination with CapeOX or FOLFIRI **§**; **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 fluoropyrimidine-, oxaliplatin-, and irinotecan-refractory disease †; **OR**
  - Member has irinotecan-intolerant disease; **OR**
- Used in combination with irinotecan; **AND**
  - Member has oxaliplatin-refractory disease; **OR**
  - Member has irinotecan-refractory disease; **OR**
- Used in combination with FOLFIRI; **AND**
  - Member has 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 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; **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 ‡ [2,14]

- 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 treatment 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 ‡ [2,15]

- 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

❖*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 [1,6,11]

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**
- Disease response with treatment as defined by a 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: dermatologic/soft-tissue toxicity, electrolyte depletion, severe infusion-related reactions, acute renal failure, pulmonary fibrosis/interstitial lung disease (ILD), photosensitivity, ocular toxicities (i.e., keratitis, corneal perforation), etc.

V. Dosage/Administration [1,6,11-12,14,15]

Indication	Dose
All Indications	Administer 6 mg/kg intravenously every 14 days until disease progression or unacceptable toxicity. *Note: When administered with sotorasib for KRAS G12C-mutated CRC, treatment may be continued until disease progression, unacceptable toxicity, or until sotorasib is withheld or discontinued.*

VI. Billing Code/Availability Information

HCPCS Code:

- J9303 – Injection, panitumumab, 10 mg; 1 billable unit = 10 mg

NDC(s):

- Vectibix 100 mg/5 mL single-dose vial, solution for injection: 55513-0954-xx
- Vectibix 400 mg/20 mL single-dose vial, solution for injection: 55513-0956-xx

VII. References

1. Vectibix [package insert]. Thousand Oaks, CA; Amgen Inc.; June 2025. Accessed July 2026.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) panitumumab. 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 July6.

3. 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.
4. 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
5. Bach PB, Conti RM, Muller RJ, et al. Overspending driven by oversized single dose vials of cancer drugs. BMJ. 2016 Feb 29;352:i788.
6. 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.
7. Van Cutsem E, Peeters M, Siena S, et al. Open-label phase III trial of panitumumab plus best supportive care compared with best supportive care alone in patients with chemotherapy-refractory metastatic colorectal cancer. J Clin Oncol. 2007 May 1;25(13):1658-64.
8. Price TJ, Peeters M, Kim TW, et al. Panitumumab versus cetuximab in patients with chemotherapy-refractory wild-type KRAS exon 2 metastatic colorectal cancer (ASPECCT): a randomised, multicentre, open-label, non-inferiority phase 3 study. Lancet Oncol. 2014 May;15(6):569-79. doi: 10.1016/S1470-2045(14)70118-4. Epub 2014 Apr 14.
9. Kim TW, Elme A, Kusic Z, et al. A phase 3 trial evaluating panitumumab plus best supportive care vs best supportive care in chemorefractory wild-type KRAS or RAS metastatic colorectal cancer. Br J Cancer. 2016 Nov 8;115(10):1206-1214. doi: 10.1038/bjc.2016.309. Epub 2016 Oct 13.
10. Douillard JY, Siena S, Cassidy J, et al. Final results from PRIME: randomized phase III study of panitumumab with FOLFOX4 for first-line treatment of metastatic colorectal cancer. Ann Oncol. 2014 Jul;25(7):1346-55. doi: 10.1093/annonc/mdu141. Epub 2014 Apr 8.
11. 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.
12. Kuboki Y, Yaeger R, Fakih MG, et al. Sotorasib in combination with panitumumab in refractory KRAS G12C-mutated colorectal cancer: Safety and efficacy for phase Ib full expansion cohort. Ann Oncol 2022;33:S136-S196.
13. Fakih MG, Salvatore L, Esaki T, et al. Sotorasib plus Panitumumab in Refractory Colorectal Cancer with Mutated KRAS G12C. N Engl J Med. 2023 Oct 22;389(23):2125-2139. doi: 10.1056/NEJMoa2308795. Epub 2023 Oct 22.

14. 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.
15. 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.

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
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
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
D37.3	Neoplasm of uncertain behavior of appendix
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine

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/LCA/LCD): 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

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
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