

Medical Policy: ERBITUX® (cetuximab)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.79	July 5, 2023	

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

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Length of Authorization

Coverage will be provided for six months and may be renewed.

Dosing Limits [Medical Benefit]

Max Units (per dose and over time):

Weekly	Every two weeks
<ul style="list-style-type: none"> – Load: 100 billable units x 1 dose – Maintenance Dose: 60 billable units every 7 days 	120 billable units every 14 days

Guideline

I. Initial Approval Criteria

Coverage is provided in the following conditions:

1. Patient is 18 years or older; **AND**

Colorectal Cancer (CRC) †

- A. Patient is both KRAS and NRAS mutation negative (wild-type) as determined by FDA-approved tests; **AND**
- B. Will not be used as part of an adjuvant treatment regimen; **AND**
- C. Patient has not been previously treated with cetuximab or panitumumab; **AND**
 - a. Patient must have progressive, metastatic, or unresectable advanced disease; **AND**
 - i. Used in combination with irinotecan- or oxaliplatin-based regimens†; **OR**
 - ii. Used in combination with a vemurafenib-based regimen in patients with BRAF V600E mutations; **OR**
 - b. Used as a single agent therapy for metastatic disease †; **AND**
 - i. Patient has previously failed on an oxaliplatin- and irinotecan-based regimen; **OR**
 - ii. Patient is unable to tolerate irinotecan
 - a. Patient has metastatic, unresectable (or medically inoperable), or advanced disease that is BRAF mutation negative (wild-type); **AND**
 - i. Used as primary treatment; **AND**
 - a. Used in combination with FOLFIRI †; **OR**
 - b. Used in combination with FOLFOX §; **OR**
 - c. Used in combination with an irinotecan-based regimen after previous adjuvant FOLFOX or CapeOX within the past 12 months §; **OR**
 - ii. Used as subsequent therapy; **AND**
 - a. Used in combination with irinotecan for irinotecan-refractory disease †; **OR**
 - b. Used in combination with irinotecan for oxaliplatin-refractory disease §; **OR**
 - c. Used in combination with FOLFIRI for oxaliplatin-refractory disease §**; **OR**
 - d. Used in combination with FOLFOX for irinotecan-refractory disease §**; **OR**
 - e. Used as a single agent for oxaliplatin- and/or irinotecan-refractory disease **OR** irinotecan-intolerant disease; **OR**
 - iii. Patient has BRAF V600E mutation positive disease as determined by an FDA-approved or CLIA-compliant test* †; **AND**
 - a. Used in combination with encorafenib; **AND**
 - 1) Used as subsequent therapy for progression of advanced or metastatic disease after at least one prior line of treatment in the advanced or metastatic disease setting; **OR**
 - 2) Used as primary treatment for unresectable metastatic disease after previous adjuvant FOLFOX or CapeOX within the past 12 months

Squamous Cell Carcinoma of the Head and Neck (SCCHN) †

Used in one of the following regimens: †

- 1. In combination with radiation therapy for regionally or locally advanced disease; **OR**
- 2. As a single agent in recurrent or metastatic disease after failure on platinum-based therapy; **OR**
- 3. In combination with platinum-based therapy for first-line treatment of recurrent, loco-regional, or metastatic disease; **AND**

Patient has one of the following sub-types of SCCHN: ‡

1. Cancer of the Glottic Larynx
2. Cancer of the Hypopharynx
 - a. Cetuximab may also be used as a single agent for sequential chemoradiation ‡
3. Cancer of the Lip Cancer of the Oral Cavity (including mucosal lip)
4. Cancer of the Nasopharynx
5. Cancer of the Oropharynx
 - a. Cetuximab may also be used as a single agent for sequential chemoradiation ‡
6. Cancer of the Supraglottic Larynx
7. Ethmoid Sinus Tumors
8. Maxillary Sinus Tumors
9. Very advanced and recurrent/persistent head and neck cancer
 - a. Cetuximab may also be used as a single agent for sequential chemoradiation ‡
- a. Cetuximab may also be used as one of the following:
 - First-line or subsequent therapy as a single agent for non-nasopharyngeal cancer
 - Subsequent therapy in combination with platinum-based therapy for nonnasopharyngeal cancer
 - Sequential systemic therapy/radiation as a single agent in patients with non-nasopharyngeal cancer following induction or combination systemic therapy
 - Subsequent therapy in combination with carboplatin for nasopharyngeal cancer
10. Occult Primary
 - a. Cetuximab may also be used as a single agent as sequential systemic therapy/radiation after induction chemotherapy for one of the following:
 - Poorly differentiated or nonkeratinizing squamous cell, anaplastic (not thyroid), squamous cell carcinoma, or not otherwise specified (NOS) histology ‡
 - p16 (HPV)-positive disease

Non-melanoma Skin Cancer (Basal Cell Skin Cancer and Squamous Cell Skin Cancer) ‡

For regional recurrence or distant metastases

Penile Cancer ‡

1. Patient must have metastatic disease; **AND**
2. Must be used for subsequent treatment; **AND**
3. Must be used as a single agent

Non-Small Cell Lung Cancer (NSCLC) ‡

1. Patient must have metastatic disease; **AND**
2. Must be used in combination with afatinib; **AND**
3. Must be used as subsequent therapy for sensitizing EGFR mutation-positive tumors; **AND**

4. Patient has progressed on EGFR tyrosine kinase inhibitor therapy (e.g. erlotinib, afatinib, or gefitinib, etc.);
AND
 - a. Patient has asymptomatic disease, symptomatic brain lesions, or isolated symptomatic systemic lesions;
OR
 - b. Patient has multiple symptomatic systemic lesions; **AND**
 - Patient has T790M negative disease; **OR**
 - Patient has T790M positive disease and progressed on osimertinib therapy

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s)

****May also be used for progression on non-intensive therapy, except if received previous fluoropyrimidine, with improvement in functional status (Note: Colon cancer patients must have left-sided tumors only).**

§ Colon cancer patients must have left-sided tumors only

II. Renewal Criteria

Coverage can be renewed based upon the following criteria:

1. Patient continues to meet criteria identified above; **AND**
2. Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; **AND**
3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe infusion reactions, cardiopulmonary arrest, pulmonary toxicity/interstitial lung disease, dermatologic toxicity, electrolyte abnormalities, etc.

III. Dosage/Administration

Indication	Dose
Colorectal Cancer	<p><u>Monotherapy or in combination with irinotecan, FOLFIRI, or FOLFOX:</u></p> <p>400 mg/m² loading dose intravenously, then 250 mg/m² intravenously every 7 days until disease progression or unacceptable toxicity</p> <p>OR</p> <p>500 mg/m² intravenously every 14 days until disease progression or unacceptable toxicity</p> <p><u>In combination with encorafenib:</u></p> <p>400 mg/m² loading dose intravenously, then 250 mg/m² intravenously every 7 days until disease progression or unacceptable toxicity</p>
NSCLC	500 mg/m ² intravenously every 14 days until disease progression or unacceptable toxicity
Head and Neck Cancer	<p><u>In combination with radiation therapy:</u></p> <p>400 mg/m² loading dose intravenously, then 250 mg/m² intravenously every 7 days for the duration of radiation therapy (6-7 weeks)</p> <p><u>Monotherapy or in combination with platinum-based therapy:</u></p>

	400 mg/m ² loading dose intravenously, then 250 mg/m ² intravenously every 7 days until disease progression or unacceptable toxicity OR 500 mg/m ² intravenously every 14 days until disease progression or unacceptable toxicity
Squamous Cell Skin Cancer & Penile Cancer	400 mg/m ² loading dose intravenously, then 250 mg/m ² intravenously every 7 days until disease progression or unacceptable toxicity

Limitations/Exclusions

Erbitux® (cetuximab) is not considered medically necessary for indications other than those listed above due to insufficient evidence of therapeutic value.

Applicable Procedure Codes

Code	Description
J9055	Injection, cetuximab, 10 mg

Applicable NDCs

Code	Description
66733-0948-xx	Erbitux 100 mg/50 mL single-use vial; solution for injection
66733-0958-xx	Erbitux 200 mg/100 mL single-use vial; solution for injection

ICD-10 Diagnoses

Code	Description
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
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
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
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
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 foid, 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 duodenum
C17.1	Malignant neoplasm jejunum
C17.2	Malignant neoplasm ileum
C17.8	Malignant neoplasm of overlapping sites of small intestines
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
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
C44.00	Unspecified malignant neoplasm of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.122	Squamous cell carcinoma of skin of right eyelid, including canthus
C44.129	Squamous cell carcinoma of skin of left 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
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
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes 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
C78.89	Secondary malignant neoplasm of other digestive organs
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
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
Z85.21	Personal history of malignant neoplasm of larynx
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
Z85.49	Personal history of malignant neoplasm of other male genital organs
Z85.810	Personal history of malignant neoplasm of tongue
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity and pharynx

Z85.819	Personal history of malignant neoplasm of unspecified site of lip, oral cavity and pharynx
Z85.828	Personal history of other malignant neoplasm of skin

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	7/5/2023	<p>Annual Review:</p> <p><u>Colorectal Cancer (CRC)</u> † Initial Criteria; Removed “Patient must have progressive, metastatic, or unresectable advanced disease; AND</p> <ul style="list-style-type: none"> i. Used in combination with irinotecan- or oxaliplatin-based regimens†; OR ii. Used in combination with a vemurafenib-based regimen in patients with BRAF V600E mutations; OR c. Used as a single agent therapy for metastatic disease †; AND j. Patient has previously failed on an oxaliplatin- and irinotecan-based regimen; OR iii. Patient is unable to tolerate irinotecan” <p>Added “ Patient has metastatic, unresectable (or medically inoperable), or advanced disease that is BRAF mutation negative (wild-type); AND</p> <ul style="list-style-type: none"> iv.Used as primary treatment; AND d. Used in combination with FOLFIRI †; OR e. Used in combination with FOLFOX §; OR f. Used in combination with an irinotecan-based regimen after previous adjuvant FOLFOX or CapeOX within the past 12 months §; OR v. Used as subsequent therapy; AND f. Used in combination with irinotecan for irinotecan-refractory disease †; OR g. Used in combination with irinotecan for oxaliplatin-refractory disease §; OR h. Used in combination with FOLFIRI for oxaliplatin-refractory disease §**; OR i. Used in combination with FOLFOX for irinotecan-refractory disease §**; OR j. Used as a single agent for oxaliplatin- and/or irinotecan-refractory disease OR irinotecan-intolerant disease; OR vi. Patient has BRAF V600E mutation positive disease as determined by an FDA-approved or CLIA-compliant test* †; AND a. Used in combination with encorafenib; AND 3) Used as subsequent therapy for progression of advanced or metastatic disease after at least one prior line of treatment in the advanced or metastatic disease setting; OR

		<p>4) Used as primary treatment for unresectable metastatic disease after previous adjuvant FOLFOX or CapeOX within the past 12 months”</p> <p><u>Squamous Cell Carcinoma of the Head and Neck (SCCHN) † Initial Criteria:</u></p> <p>Replaced “Cancer of the Lip” with “ Cancer of the Oral Cavity (including mucosal lip)”</p> <p>b. Removed “Cetuximab may also be used as a single agent for sequential chemoradiation ‡” and added “</p> <p>b. Cetuximab may also be used as one of the following:</p> <ul style="list-style-type: none"> – First-line or subsequent therapy as a single agent for non-nasopharyngeal cancer – Subsequent therapy in combination with platinum-based therapy for nonnasopharyngeal cancer – Sequential systemic therapy/radiation as a single agent in patients with non-nasopharyngeal cancer following induction or combination systemic therapy – Subsequent therapy in combination with carboplatin for nasopharyngeal cancer <p>11. Occult Primary</p> <p>a. Cetuximab may also be used as a single agent as sequential systemic therapy/radiation after induction chemotherapy for one of the following:</p> <ul style="list-style-type: none"> – Poorly differentiated or nonkeratinizing squamous cell, anaplastic (not thyroid), squamous cell carcinoma, or not otherwise specified (NOS) histology ‡ – p16 (HPV)-positive disease” <p>Removed “<u>Occult Primary Head and Neck Cancers ‡</u></p> <p>1. Must be used as initial treatment as a single agent with sequential chemoradiation “</p> <p><u>Non-Small Cell Lung Cancer (NSCLC) ‡</u></p> <p>Removed “Patient is T790M negative and has multiple symptomatic systemic lesions”</p> <p>Added “Patient has multiple symptomatic systemic lesions; AND</p> <ul style="list-style-type: none"> ▪ Patient has T790M negative disease; OR ▪ Patient has T790M positive disease and progressed on osimertinib therapy” <p>Updated dosage chart</p>
EmblemHealth & ConnectiCare	4/26/2022	Transferred policy to new template

EmblemHealth & ConnectiCare	1/1/2020	Annual review
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References

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