



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: panitumumab

Brand Name: Vectibix

Medication Class: metastatic colorectal cancer

FDA Approved Uses: treatment of EGFR expressing, metastatic colorectal carcinoma with disease progression on or following fluoropyrimidine, oxaliplatin, and irinotecan containing chemotherapy regimens.

Available Dosage Forms: 100mg/5ml single-use vial for injection

Usual Dose: 6mg/kg administered over 60 minutes as an intravenous infusion every 14 days.
Doses higher than 1000mg should be administered over 90 minutes.

Duration of Therapy: Variable

Approximate monthly cost (based on AWP 2006): about \$4,000.00 every 14 days for a 70kg patient.

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed metastatic colorectal carcinoma.
- Had disease progression on or following fluoropyrimidine, oxaliplatin, and irinotecan containing chemotherapy regimens.

Cautions:

- Dermatological toxicities were reported in 89% of patients receiving Vectibix.
- Severe infusion reactions occurred in 1% of patients receiving Vectibix. Infusion rate should be reduced by 50% in patients with grade 1 or 2 reactions and discontinued permanently in patients with grade 3 or 4 reactions.

Monitoring:

- Electrolytes should be monitored periodically and for 8 weeks after completion due to possible electrolyte depletion.

Contraindications:

- None known

Not Approved if:

- Does not meet the above stated criteria.



Special Considerations:

Amgen Oncology Assistance program at www.amgen.com

P&T Approval: _____ Date: _____