

Priority Health Medicare Prior Authorization Criteria (Part D)

Erbitux®

Products affected

- Erbitux®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	For diagnosis of metastatic colorectal carcinoma, patient must have a negative KRAS mutation score.
Age restrictions	Patient must be age 18 or over.
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For diagnosis of metastatic colorectal carcinoma, Erbitux must be used in combination with other chemotherapy (e.g. FOLFIRI, FOLFOX) or as a single agent for patients who are intolerant to combination with irinotecan. For diagnosis of squamous cell carcinoma of the head and neck, Erbitux must be used in combination with radiation therapy or as a single agent in patients for whom platinum-based therapy has failed.