Erbitux® (cetuximab) – New indication

- On September 28, 2021, Eli Lilly announced the FDA approval of Erbitux (cetuximab), in combination with Braftovi® (encorafenib), for the treatment of adult patients with metastatic colorectal cancer (mCRC) with a BRAF V600E mutation, as detected by an FDA-approved test, after prior therapy

- Erbitux is also approved for the treatment of squamous cell carcinoma of the head and neck and K-Ras wild-type, epidermal growth factor receptor (EGFR)-expressing, mCRC.

- The approval of Erbitux for the new indication was based on a randomized, active-controlled, open-label study in 441 patients with BRAF V600E mutation-positive mCRC. Patients were randomized to one of the following treatment arms: (1) Erbitux in combination with Braftovi, (2) Erbitux in combination with Mektovi® (binimetinib) and Braftovi, and (3) Erbitux with irinotecan or Erbitux with FOLFIRI (irinotecan, fluorouracil, leucovorin) (control arm). Only the results of the approved regimen (Erbitux in combination with Braftovi) are described below. The major efficacy outcome measure was overall survival (OS). Additional outcome measures included progression free survival (PFS) and overall response rate (ORR).

    — Median OS was 8.4 months for Erbitux plus Braftovi vs. 5.4 months for the control arm (hazard ratio [HR] 0.60, 95% CI: 0.45, 0.79; p = 0.0003).
    — Erbitux plus Braftovi showed an ORR of 20% (95% CI: 13, 29) vs. 2% (95% CI: 0, 7) for the control arm (p < 0.0001).
    — Median PFS was 4.2 months for Erbitux plus Braftovi vs. 1.5 months for the control arm (HR 0.40, 95% CI: 0.31, 0.52; p < 0.0001).

- Erbitux carries a boxed warning for infusion reactions and cardiopulmonary arrest.

- The most common adverse reactions (≥ 25%) with Erbitux, in combination with Braftovi, were fatigue, nausea, diarrhea, dermatitis acneiform, abdominal pain, decreased appetite, arthralgia, and rash.

- For the new indication, the recommended initial dose of Erbitux is 400 mg/m^2 administered as a 120-minute intravenous infusion in combination with Braftovi. The recommended subsequent dosage is 250 mg/m^2 weekly as a 60-minute infusion in combination with Braftovi until disease progression or unacceptable toxicity.

    — Patients should be selected for treatment based on the presence of BRAF V600E mutation-positive metastatic CRC. Information on FDA-approved tests for the detection of BRAF V600E mutations are available at: http://www.fda.gov/CompanionDiagnostics.
    — Refer to the Braftovi drug label for recommended Braftovi dosage information.
    — Refer to the Erbitux drug label for dosing for its other indications.