

PRIOR AUTHORIZATION POLICY

POLICY: Oncology (Injectable) – Portrazza Prior Authorization Policy

- Portrazza® (necitumumab intravenous infusion – Eli Lilly)

REVIEW DATE: 01/25/2023

OVERVIEW

Portrazza is indicated in combination with gemcitabine and cisplatin for the first-line treatment of patients with **metastatic squamous non-small cell lung cancer (NSCLC)**.¹ It has a limitation of use noted that it is not indicated for the treatment of non-squamous NSCLC.

Guidelines

The National Comprehensive Cancer Network (NCCN) NSCLC cancer guidelines (version 6.2022 – December 2, 2022) no longer address Portrazza in the treatment algorithms. In the discussion section, it is noted that the NCCN Panel feels the addition of Portrazza to gemcitabine and cisplatin is not beneficial based on toxicity, cost, and limited improvement in efficacy when compared with cisplatin/gemcitabine alone.²

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Portrazza. Because of the specialized skills required for evaluation and diagnosis of patients treated with Portrazza as well as the monitoring required for adverse events and long-term efficacy, approval requires the medication to be prescribed by or in consultation with a prescriber who specializes in the condition being treated. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Portrazza is recommended in those who meet the following criteria:

FDA-Approved Indication

- 1. Non-Small Cell Lung Cancer (NSCLC).** Approve for 1 year if the patient meets the following criteria (A, B, and C):
 - A)** Patient has metastatic squamous NSCLC; AND
 - B)** Portrazza will be used in combination with chemotherapy; AND
Note: Examples of chemotherapy are gemcitabine, cisplatin.
 - C)** The medication is prescribed by or in consultation with an oncologist.

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CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Portrazza is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Portrazza® intravenous infusion [prescribing information]. Indianapolis, IN: Eli Lilly; November 2015.
2. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 6.2022 – December 2, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on January 17, 2023.