Necitumumab (Portrazza™)	Place of Service Office Administration Outpatient Facility Administration Infusion Center Administration HCPCS: J9295 per 1 mg

Condition listed in policy (*see criteria for details*)

- Squamous non-small cell lung cancer, metastatic

AHFS therapeutic class: Antineoplastic agent

Mechanism of action: epidermal growth factor receptor (EGFR) antagonist monoclonal antibody

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Portrazza™ (necitumumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Squamous non-small cell lung cancer (NSCLC), metastatic

1. Diagnosis of metastatic squamous NSCLC as evidenced by pathology report, **AND**
2. Use in combination with gemcitabine and cisplatin for first-line treatment of metastatic disease, **AND**
3. Patient has not received prior treatment for metastatic disease, **AND**
4. Patient has ECOG performance status of 0-2, **AND**
5. Due to safety concerns and marginal survival benefit with Portrazza, patient must have a medical reason why all NCCN-rated category 1- and 2A-rated treatment options cannot be used

Covered Dose
Up to 800 mg IV on days 1 and 8 of each 3-week cycle

Coverage Period
Indefinite

ICD-10:
C33, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, Z85.118

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Portrazza™ (necitumumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 800 mg/50 mL (single-use vial)

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Portrazza™ (nectumumab) [Prescribing information]. Indianapolis, IN; Eli Lilly and Company; 11/2015.

(7) Policy Update

Date of last review: 3Q2023
Date of next review: 3Q2024
Changes from previous policy version:

- No clinical change to policy following routine annual review.

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee