Utilization Review Policy 180

POLICY: Oncology (Injectable) – Portrazza Utilization Management Medical Policy
- Portrazza® (necitumumab intravenous infusion – Eli Lilly)

EFFECTIVE DATE: 1/1/2020
LAST REVISION DATE: 02/05/2025

COVERAGE CRITERIA FOR: All UCare Plans

OVERVIEW
Portrazza is indicated for the first-line treatment of **metastatic squamous non-small cell lung cancer** (NSCLC) in combination with gemcitabine and cisplatin.[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 guidelines (version 3.2025 – January 14, 2025) 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 medical benefit coverage of Portrazza. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. 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 Portrazza to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

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

FDA-Approved Indication

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1. Non-Small Cell Lung Cancer (NSCLC). Approve for 1 year if the patient meets ALL of the following (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.

Dosing. Approve 800 mg administered intravenously on Days 1 and 8 of each 3-week cycle.

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 3.2025 – January 14, 2025). © 2025 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on January 31, 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	01/25/2023
Annual Revision	No criteria changes.	01/24/2024
UCare P&T Review	Policy reviewed and approved by UCare P&T committee. Annual review process	09/16/2024
Annual Revision	No criteria changes.	02/05/2025
UCare P&T Review	Policy reviewed and approved by UCare P&T committee. Annual review process	09/15/2025