Reference number
2153-A

SPECIALTY GUIDELINE MANAGEMENT

PORTRAZZA (necitumumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Portrazza is indicated for the first-line treatment of patients with metastatic squamous non-small cell lung cancer (NSCLC) in combination with gemcitabine and cisplatin.

Limitation of Use: Portrazza is not indicated for the treatment of non-squamous non-small cell lung cancer.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Non-Small Cell Lung Cancer (NSCLC)
Authorization of 12 months may be granted for treatment of metastatic squamous NSCLC when Portrazza is used in combination with gemcitabine and cisplatin.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Portrazza [package insert]. Indianapolis, DE: Eli Lilly and Company; November 2015.