

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Metastatic squamous non-small cell lung cancer

AND ALL of the following:

1. Used in combination with gemcitabine (Gemzar) and cisplatin (Platinol)
2. Prescriber agrees to monitor serum electrolytes, including serum magnesium, potassium, and calcium prior to each dose of Portrazza during treatment and for at least 8 weeks following completion of treatment
3. Prescriber agrees to withhold Portrazza for Grade 3 and 4 electrolyte abnormalities

AND NONE of the following:

1. Non-squamous non-small cell lung cancer

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Metastatic squamous non-small cell lung cancer

AND ALL of the following:

1. Used in combination with gemcitabine (Gemzar) and cisplatin (Platinol)



**BlueCross
BlueShield**

Federal Employee Program.

**PORTRAZZA
(necitumumab)**

2. Prescriber agrees to monitor serum electrolytes, including serum magnesium, potassium, and calcium prior to each dose of Portrazza during treatment and for at least 8 weeks following completion of treatment
3. Prescriber agrees to withhold Portrazza for Grade 3 and 4 electrolyte abnormalities

AND NONE of the following:

1. Disease progression or unacceptable toxicity
2. Non-squamous non-small cell lung cancer

Prior - Approval *Renewal* Limits

Same as above