

Specialty Guideline Management

Portrazza

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Portrazza	necitumumab

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 Indications¹

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.

Limitations 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 not medically necessary.

Coverage Criteria

Non-Small Cell Lung Cancer (NSCLC)¹

Authorization of 12 months may be granted for treatment of metastatic squamous NSCLC when the requested medication is used in combination with gemcitabine and cisplatin.

Reference number(s)
2153-A

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication in the Coverage Criteria section, specific to diagnosis, when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

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