

Clinical Policy: Necitumumab (Portrazza)

Reference Number: PA.CP.PHAR.320

Effective Date: 01/2018

Last Review Date: 10/2023

Description

Necitumumab for injection (Portrazza™) is an epidermal growth factor receptor (EGFR) antagonist.

FDA Approved Indication(s)

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

Limitation(s) of use: Portrazza is not indicated for treatment of non-squamous NSCLC.

Policy/Criteria

It is the policy of PA Health & Wellness® that Portrazza is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Non-Small Cell Lung Cancer (must meet all):

1. Diagnosis of squamous non-small cell lung cancer (NSCLC);
2. Prescribed by or in consultation with an oncologist;
3. Age \geq 18 years;
4. Prescribed in combination with gemcitabine and cisplatin for first-line treatment of metastatic disease;
5. Request meets one of the following (a or b):
 - a. Dose does not exceed 800 mg on days 1 and 8 of each 3-week cycle;
 - b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 6 months

B. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. Non-Small Cell Lung Cancer (must meet all):

1. Currently receiving medication via PA Health & Wellness benefit or member has previously met all initial approval criteria; or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):
 - a. New dose does not exceed 800 mg on days 1 and 8 of each 3-week cycle;
 - b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.PHARM.01) applies; or
2. Refer to PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

EGFR: epidermal growth factor receptor NCCN: National Comprehensive Cancer Network
 FDA: Food and Drug Administration NSCLC: non-small cell lung cancer

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/Maximum Dose
gemcitabine; cisplatin	<p><u>Examples of Portrazza/gemcitabine/cisplatin dosing regimens:</u></p> <ul style="list-style-type: none"> • <u>Portrazza pivotal trial:</u> <ul style="list-style-type: none"> ○ Patients were randomly assigned to gemcitabine 1250 mg/m² IV days 1 and 8, cisplatin 75 mg/m² IV day 1 +/- Portrazza 800 mg IV days 1 and 8. • <u>Clinical Pharmacology:</u> <ul style="list-style-type: none"> ○ Adults: NSCLC (inoperable, locally advanced, or metastatic): <ul style="list-style-type: none"> ▪ Gemcitabine 1,000 mg/m² IV over 30 minutes followed by cisplatin 100 mg/m² IV on day 1, then gemcitabine 1,000 mg/m² IV over 30 minutes on days 8 and 15, repeated every 4 weeks. ▪ Alternatively, gemcitabine 1,250 mg/m² IV over 30 minutes followed by cisplatin 100 mg/m² IV on day 1, then gemcitabine 1,250 mg/m² IV over 30 minutes on day 8, repeated every 3 weeks. 	Varies

Therapeutic alternatives are listed as Brand name[®] (generic) when the drug is available by brand name only and generic (Brand name[®]) when the drug is available by both brand and generic.

Appendix C: Contraindications/Black Box Warnings

- Contraindications: None reported
- Black box warnings: Cardiopulmonary arrest and hypomagnesemia

Appendix D: General Information

- The NCCN NSCLC Panel voted unanimously to delete the Portrazza/cisplatin/gemcitabine regimen from the NCCN Guidelines for patients with metastatic squamous cell NSCLC. This decision reflects the fact that the NCCN NSCLC Panel feels the addition of Portrazza to the regimen is not beneficial based on toxicity, cost, and limited improvement in efficacy when compared with cisplatin/gemcitabine. A phase 3 randomized trial only showed a slight improvement in overall survival (11.5 vs 9.9 months). In addition, there were more grade 3 or higher adverse events in patients receiving the Portrazza regimen.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Squamous NSCLC	800 mg as an IV infusion over 60 minutes on Days 1 and 8 of each 3-week cycle prior to gemcitabine and cisplatin infusion.	800 mg per infusion

VI. Product Availability

Single-dose vial: 800 mg/50 mL (16 mg/mL)

VII. References

1. Portrazza Prescribing Information. Indianapolis, IN: Eli Lilly and Company; November 2015. Available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/125547s0001bl.pdf. Accessed August 7, 2024.
2. National Comprehensive Cancer Network. Non-small cell lung cancer. Version 7.2024. Available at: http://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed August 7, 2024.
3. Thatcher N, Hirsch F, Luft A, et al. Necitumumab plus gemcitabine and cisplatin versus gemcitabine and cisplatin alone as first-1 line therapy in patients with stage IV squamous nonsmall-cell lung cancer (SQUIRE): an open-label, randomised, controlled phase 3 study [published online ahead of print June 1, 2015]. *Lancet Oncol*. doi: 10.1016/S1470-2045(15)00021-2.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CLINICAL POLICY

Necitumumab



HCPCS Codes	Description
J9295	Injection, necitumumab, 1 mg

Reviews, Revisions, and Approvals	Date
4Q 2018 annual review: no significant changes; added specialist involvement in care, continuation of care added; therapeutics alternatives table added; references reviewed and updated.	08/2018
4Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	10/2019
4Q 2020 annual review: added general information stating lack of NCCN support for Portrazza based regimen; references reviewed and updated.	10/2020
4Q 2021 annual review: no significant changes; references reviewed and updated.	10/2021
4Q 2022 annual review: no significant changes; references reviewed and updated.	10/2022
4Q 2023 annual review: no significant changes; references reviewed and updated.	10/2023
4Q 2024 annual review: no significant changes; references reviewed and updated.	10/2024