Clinical Policy Title:	necitumumab
Policy Number:	RxA.453
Drug(s) Applied:	Portrazza™
Original Policy Date:	03/06/2020
Last Review Date:	09/14/2021
Line of Business Policy Applies to:	All lines of business

Background

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

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
necitumumab (Portrazza™)	Squamous NSCLC	800 mg as an intravenous infusion over 60 minutes on Days 1 and 8 of each 3-week cycle prior to gemcitabine and cisplatin infusion.	800 mg intravenously on Days 1 and 8.

Dosage Forms

- Injection: 800 mg/50 mL (16 mg/mL) solution in a single-dose vial.

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

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

1. Diagnosis of squamous NSCLC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 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).

*Prescribed regimen must be FDA-approved or recommended by NCCN.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

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

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy; or documentation supports that member is currently receiving Portrazza™ for a covered indication and has received this medication for at least 30 days;
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).

   *Prescribed regimen must be FDA-approved or recommended by NCCN

Approval Duration
Commercial: 6 months
Medicaid: 6 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
EGFR: epidermal growth factor receptor
FDA: Food and Drug Administration
NCCN: National Comprehensive Cancer Network
NSCLC: non-small cell lung cancer

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Maximum Dose
gemcitabine; cisplatin	Examples of Portrazza™/gemcitabine/cisplatin dosing regimens: • Portrazza™ pivotal trial: o Patients were randomly assigned to gemcitabine 1250 mg/m^2 intravenously days 1 and 8, cisplatin 75 mg/m^2 intravenously day 1 +/- Portrazza™ 800 mg Intravenously days 1 and 8 • Clinical Pharmacology o Adults: NSCLC (inoperable, locally advanced, or metastatic): ▪ Gemcitabine 1,000 mg/m^2 Intravenously over 30 minutes followed by cisplatin 100 mg/m^2 Intravenously on day 1,	Varies

Drug Name	Dosing Regimen	Maximum Dose
	then gemcitabine 1,000 mg/m^2 intravenously over 30 minutes on days 8 and 15, repeated every 4 weeks. Alternatively, gemcitabine 1,250 mg/m^2 intravenously over 30 minutes followed by cisplatin 100 mg/m^2 intravenously on day 1, then gemcitabine 1,250 mg/m^2 intravenously over 30 minutes on day 8, repeated every 3 weeks.	

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

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported.

- Boxed Warning(s):
  - 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.

References

1. Portrazza™ Prescribing Information. Indianapolis, IN: Eli Lilly and Company; November 2015. Available at http://uspl.lilly.com/portrazza/portrazza.html#pi. Accessed July 13, 2021.
2. National Comprehensive Cancer Network. Non-small cell lung cancer. Version 5.2021. Available at: http://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed July 13, 2021.
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/S14702045(15)00021-2. Available at: https://pubmed.ncbi.nlm.nih.gov/26045340/. Accessed July 14, 2021.
4. Portrazza™, Lexi-Drug. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Accessed with subscription at: http://online.lexi.com. Accessed July 13, 2021.
5. Clinical Pharmacology [database online] powered by ClinicalKey. Tampa, FL: Elsevier, 2021. Accessed with subscription at: http://www.clinicalkey.com. Accessed July 13, 2021.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established	01/2020	03/06/2020

Policy was reviewed: 1. Clinical Policy Title was updated. 2. Line of Business Policy Applies to was updated to “All lines of business” 3. Continued therapy criteria II.A.1: rephrased to “Currently receiving medication that has been authorized by RxAdvance..” 4. Added Commercial, Medicaid & HIM approval duration. 5. References were updated.	06/17/2020	09/14/2020
Policy was reviewed: 1. Dosing Information maximum dose was updated from “800 mg per infusion” to “800 mg intravenously on Days 1 and 8”. 2. Dosage Forms was updated from “Single-dose vial: 800 mg/50 mL (16 mg/mL)” to “Injection: 800 mg/50 mL (16 mg/mL) solution in a single-dose vial”. 3. Statement about provider sample ‘‘The provision of provider samples does not guarantee coverage…” was added to Clinical Policy. 4. Initial Approval Criteria and Continued Therapy Approval Criteria were updated to remove HIM approval duration. 5. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 6. Therapeutic Alternatives verbiage was rephrased to "Below are suggested therapeutic alternatives based on clinical guidance..". 7. Statement about drug listing format in Appendix B is rephrased to "Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand; Brand name® when the drug is available by brand only and generic	07/14/2021	09/14/2021

name when the drug is available by generic only". 8. References were reviewed and updated.		