BlueCross BlueShield of North Carolina

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Corporate Medical Policy

Necitumumab (Portrazza)

File Name:	necitumumab_portrazza
Origination:	2/2016
Last CAP Review:	8/2018
Next CAP Review:	8/2019
Last Review:	8/2018

Description of Procedure or Service

Necitumumab (Portrazza) is an epidermal growth factor receptor (EGFR) antagonist indicated, in combination with gemcitabine and cisplatin, for first-line treatment of patients with metastatic squamous non-small cell lung cancer. Necitumumab is a recombinant human IgG1 monoclonal antibody that blocks activity of EGFR, a protein commonly found on squamous NSCLC tumors.

Lung cancer is the leading cause of cancer death in the United States, with an estimated 221, 200 new diagnoses and 158,040 deaths in 2015. The most common type of lung cancer, non-small cell lung cancer, is further divided into two main types named for the kinds of cells found in the cancer – squamous cell and non-squamous cell (which includes adenocarcinoma).

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Policy

BCBSNC will provide coverage for Necitumumab (Portrazza) when it is determined to be medically necessary because the medical criteria and guidelines noted below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Necitumumab (Portrazza) is covered

Necitumumab (Portrazza) is considered medically necessary for the treatment of metastatic squamous non-small cell lung cancer in patients:

- when used in combination with gemcitabine and cisplatin; **AND**
- when used for first-line treatment.

When Necitumumab (Portrazza) is not covered

Necitumumab (Portrazza) is considered not medically necessary and therefore not covered when above criteria are not met.

Policy Guidelines

Portrazza is not indicated for treatment of non-squamous non-small cell lung cancer.

The recommended dose is 800mg administered as an intravenous infusion over 60 minutes on days 1 and 8 of each 3-week cycle prior to the gemcitabine and cisplatin infusion.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: *J9295, S0353, S0354*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

US Food and Drug Administration (FDA). Center for Biologics Evaluation and Research. Available at:
http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm474131.htm
Accessed February 4, 2016.

US Food and Drug Administration (FDA). Center for Biologics Evaluation and Research. Available at:
http://www.accessdata.fda.gov/drugsatfda_docs/label/2015/125547s000lbl.pdf
Accessed February 4, 2016.

Senior Medical Director review 2/2016.

Specialty Matched Consultant Advisory Panel 8/2016

Medical Director review 8/2016

Specialty Matched Consultant Advisory Panel 8/2017

Specialty Matched Consultant Advisory Panel 8/2018

Policy Implementation/Update Information

2/29/16 New policy issued. Necitumumab (Portrazza) is considered medically necessary, when used in combination with gemcitabine and cisplatin, for first- line treatment of patients with advanced (metastatic) squamous non-small cell lung cancer (NSCLC) who have not previously received medication specifically for treating their advanced lung cancer. Notification given 2/29/2016 for effective date 4/29/2016. Senior medical director review 2/2016. (lpr)

4/29/16 Added HCPCS code C9475 to Billing/Coding section. (lpr)

9/30/16 Specialty Matched Consultant Advisory Panel review 8/31/2016. Medical Director review 8/2016. No change to policy statement. (lpr)

12/30/16 Deleted the following HCPCS codes C9475, C9399, J9999, J3490, J3590 and added HCPCS codes J9295, S0353, S0354 to Billing/Coding section. Notification given 12/30/16 for effective date 4/1/17. (lpr)

9/29/17 Specialty Matched Consultant Advisory Panel review 8/30/2017. No change to policy statement. (lpr)

10/12/18 Specialty Matched Consultant Advisory Panel review 8/22/2018. No change to policy statement. (krc)