

Lung Cancer Agents
Portrazza (necitumumab)
Rybrevant (amivantamab-vmjw)
Zepzelca (lurbinectedin)
Effective 10/01/2024

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Notes	Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview

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

Rybrevant is indicated:

- in combination with carboplatin and pemetrexed for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test.
- as a single agent for the treatment of adult patients with locally advanced or metastatic NSCLC with EGFR exon 20 insertion mutations, as detected by an FDA-approved test, whose disease has progressed on or after platinum-based chemotherapy.

Zepzelca is indicated for the treatment of adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

Rybrevant (amivantamab-vmjw)

1. Diagnosis of locally advanced or metastatic non-small cell lung cancer
2. Prescriber is an oncologist
3. Appropriate dosing
4. Documentation of medical records showing that cancer has EGFR exon 20 insertion mutation
5. **ONE** of the following:
 - a. **BOTH** of the following:
 - i. Disease progression during or following **ONE** platinum-containing regimen
 - ii. Requested agent will be used as monotherapy
 - b. Requested agent will be used in combination with carboplatin and pemetrexed

Portrazza (necitumumab)

1. Diagnosis of metastatic non-small cell lung cancer
2. Prescriber is an oncologist
3. Appropriate dosing
4. Documentation of medical records showing that cancer is of squamous cell histology
5. Member will be using the requested agent in combination with gemcitabine and cisplatin
6. Medical necessity for using the requested agent instead of all other clinically appropriate alternatives

Zepzelca (lurbinectedin)

1. Diagnosis of metastatic non-small cell lung cancer
2. Prescriber is an oncologist
3. Appropriate dosing (documentation of weight/height or BSA)
4. Inadequate response, adverse reaction, or contraindication to **ONE** platinum-based chemotherapy

Continuation of Therapy

Reauthorizations requires physician attestation of continuation of therapy and positive response to therapy.

Limitations

1. Initial approvals will be granted for 3 months.
2. Reauthorizations will be granted for 6 months.

References

1. Rybrevant® (amivantamab-vmjw) [prescribing information]. Horsham (PA): Janssen Biotech, Inc.; 2022 Jan.
2. Portrazza® [package insert]. Indianapolis (IN): Eli Lilly and Company; 2017 May
3. Zepzelca® (lurbinectedin) [prescribing information]. Palo Alto (CA): Jazz Pharmaceuticals; 2022 Apr
4. NCCN guidelines

Review History

09/21/2022 – Reviewed and Created for September P&T. Matched MH criteria. Effective 11/01/2022.

01/11/2023 – Reviewed and updated for Jan P&T. Matched MH UPPL criteria. Renamed criteria to Lung Cancer Agents. Retired and moved drug-specific criteria of Lumakras, Rybrevant, Tagrisso, Tepmetko, Vizimpro to Lung Cancer Agents. Retired drug-specific criteria for Lorbrenea, added Lorbrenea to this criteria, and step through Xalkori, other ALK inhibitor, Zykadia was removed. Added new agents and criteria for: Alecensa, Alunbrig, Gilotrif, Iressa, Portrazza, Tabrecta, Tarceva, Xalkori, Zykadia, Zepzelca. Updated references. Added quantity limits. Portrazza and Zepzelca now requires PA through pharmacy benefit. Effective 3/1/23.

05/10/23 – Reviewed and updated for P&T. New drug, Krazati (adagrasib), was added to policy. Lumakras 320mg was added to criteria. Effective 6/5/23.



04/10/24 – Reviewed and updated for P&T. Exkivity removed from policy due to removal from market. Removed age range for Xalkori (crizotinib) for the indication of systemic ALCL per the NCCN guidelines. Portrazza (necitumumab), Rybrevant (amivantamab-vmjw) and Zepzelca (lurbinectedin) all changed to Medical Benefit only. Off-label criteria added to the guideline for the use of Krazati (adagrasib) and Lumakras (sotorasib) for advanced or metastatic colorectal cancer. Xalkori criteria updated within guideline to highlight criteria for medical necessity of pellet formulation over capsules. Effective 5/6/24.

09/11/24 – Reviewed and updated for P&T. Separated out MBO agents (Portrazza, Rybrevant, Zepzelca) from Lung Cancer Agents. Updated Rybrevant criteria: Rybrevant (amivantamab-vmjw) in combination with carboplatin and pemetrexed for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) harboring EGFR exon 20 insertion mutations, as detected by an FDA-approved test. Effective 10/1/24

