Mass General Brigham
Health Plan

Lung Cancer Agents
Emrelis (telisotuzumab vedotin-tllv)
Portrazza (necitumumab)
Rybrevant (amivantamab-vmjw)
Zepzelca (lurbinectedin)
Effective 02/17/2026

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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
Emrelis is indicated for the treatment of adult patients with locally advanced or metastatic, non-squamous non-small cell lung cancer (NSCLC) with high c-Met protein overexpression [≥50% of tumor cells with strong (3+) staining], as determined by an FDA-approved test, who have received a prior systemic therapy.

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:

Emrelis (telisotuzumab vedotin-tllv)

1. Diagnosis of locally advanced or metastatic non-squamous non-small cell lung cancer (NSCLC)
2. Prescriber is an oncologist
3. Appropriate dosing
4. Cancer has high c-Met protein overexpression [≥50% of tumor cells with strong (3+) staining]
5. Inadequate response or adverse reaction to ONE or contraindication to the use of ALL first-line systemic therapies *(prior therapy that is based on histologic subtype [e.g., adenocarcinoma, large cell, NSCLC not otherwise specified [NOS]] and results from prior biomarker testing [e.g., molecular testing [EGFR mutation, ALK, KRAS, ROS1, etc.] or PD-L1 testing])*

Rybrevant (amivantamab-vmjw)

1. Diagnosis of locally advanced or metastatic non-small cell lung cancer and **ONE** of the following:
    a. Cancer has EGFR exon 20 insertion mutation
    b. Cancer displays the EGFR exon 19 deletion or exon 21 L858R mutation
2. Prescriber is an oncologist
3. Appropriate dosing
4. For EGFR exon 20 insertion mutation, **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
5. For EGFR exon 19 deletion or exon 21 L858R mutation, **ONE** of the following:
    a. **BOTH** of the following:
        i. Inadequate response, adverse reaction, or contraindication to Tagrisso (osimertinib) with or without chemotherapy
        ii. Requested agent will be used in combination with Lazcluze (lazertinib)
    b. **BOTH** of the following:
        i. Disease progression during or following therapy with an EGFR tyrosine kinase inhibitor (e.g., afatinib, dacomitinib, erlotinib, gefitinib, lazertinib, osimertinib)
        ii. 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 6 months.
2. Reauthorizations will be granted for 12 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 Lorbrena, added Lorbrena 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
01/2025 – Reviewed and updated for P&T. Added expanded label indication for Rybrevant: Rybrevant (amivantamab-vmjw) in combination with carboplatin and pemetrexed for adult patients with locally advanced or metastatic NSCLC harboring EGFR exon 19 deletions or exon 21 L858R substitution mutations whose disease has progressed on or after treatment with an EGFR tyrosine kinase inhibitor (TKI). Initial approval duration changed to 6 months and reauth changed to 12 months. Effective 2/18/25
1/2026 – Reviewed and updated for P&T. Added Emrelis requiring PA under MB. Effective 2/17/26