

Zepzelca (lurbinectedin)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Zepzelca (lurbinectedin)

APPROVAL CRITERIA

Requests for Zepzelca (lurbinectedin) may be approved if the following criteria are met:

- I. Individual has a diagnosis of advance or metastatic Small Cell Lung Cancer (SCLC) (Label, NCCN 2A); **AND**
 - A. Individual is using as single agent for subsequent therapy; **AND**
 - B. Individual has confirmation of disease progression on or after platinum-based chemotherapy; **AND**
 - C. Individual has a current ECOG performance score of 0-2.

Requests for Zepzelca (lurbinectedin) may not be approved when the above criteria are not met and for all other indications.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 16, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on July 16, 2020.
 - a. Small Cell Lung Cancer. V4.2020. Revised July 7, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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