

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

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.

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Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

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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