



**Small Cell Lung Cancer
Zepzelca (lurbinectedin) J9223
Prior Authorization Request
Medicare Part B Form**

Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.

<input type="checkbox"/>	Standard Request– (72 Hours)	<input type="checkbox"/>	Urgent Request (standard time frame could place the member's life, health or ability in serious jeopardy)
Date Requested _____			
Requestor _____ Clinic name: _____ Phone _____ / Fax _____			
MEMBER INFORMATION			

*Name: _____ *ID#: _____ *DOB: _____

PRESCRIBER INFORMATION			
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*Name: _____ MD FNP DO NP PA *Phone: _____

*Address: _____ *Fax: _____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION			
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*Name: _____ Phone: _____

*Address: _____ Fax: _____

PROCEDURE / PRODUCT INFORMATION				
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HCPC Code	Name of Drug	Dose (Wt: _____ kg Ht: _____)	Frequency	End Date if known

Self-administered Provider-administered Home Infusion

Chart notes attached. **Other important information:** _____

Diagnosis: ICD10: _____	Description: _____
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Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION	
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New Start or Initial Request: (Clinical documentation required for all requests)

- Patient has a diagnosis of advance or metastatic Small Cell Lung Cancer (SCLC);
- Patient is using as single agent for subsequent therapy; AND
- Patient has confirmation of disease progression on or after platinum-based chemotherapy; AND
- Patient 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.

Continuation Requests: (Clinical documentation required for all requests)

Patient had an adequate response or significant improvement while on this medication.
If not, please provide clinical rationale for continuing this medication: _____

ACKNOWLEDGEMENT

Request By (Signature Required): _____ **Date:** ____ / ____ / ____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

Prior Authorization Group – Small Cell Lung Cancer Drugs PA

Drug Name(s):

ZEPZELCA

LURBINECTEDIN

Criteria for approval of Non-Formulary/Preferred Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
 - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
 - Quantity limits and Tiering will be determined by the Plan.
 - Continuation Requests: Provider must verify continued clinical benefit in confirmatory trial(s).

Exclusion Criteria:

N/A

Prescriber Restrictions:

Oncologist or cancer specialist

Coverage Duration:

Initial Approval will be for 6 months

Continuation will be for 12 months

FDA Indications:

Zepzelca

- Small cell carcinoma of lung, Metastatic, disease progression on or after platinum-based chemotherapy

Off-Label Uses:

N/A

Age Restrictions:

The safety and effectiveness in pediatric patients have not been established

Other Clinical Consideration:

N/A

Resources:

https://www.micromedexsolutions.com/micromedex2/librarian/CS/B29FDC/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/9EA8FC/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=932962&contentSetId=100&title=Lurbinectedin&servicesTitle=Lurbinectedin&brandName=Zepzelca&UserMdxSearchTerm=Zepzelca&=null#