

# Medical Policy

## Healthcare Services Department

Policy Name	Policy Number	Scope
Lurbinectedin (Zepzelca®)	MP-RX-FP-108-23	<input checked="" type="checkbox"/> MMM MA <input checked="" type="checkbox"/> MMM Multihealth

### Service Category

- |  |   |
|--|---|
| <input type="checkbox"/> Anesthesia                          | <input type="checkbox"/> Medicine Services and Procedures   |
| <input type="checkbox"/> Surgery                             | <input type="checkbox"/> Evaluation and Management Services |
| <input type="checkbox"/> Radiology Procedures                | <input type="checkbox"/> DME/Prosthetics or Supplies        |
| <input type="checkbox"/> Pathology and Laboratory Procedures | <input checked="" type="checkbox"/> Other TYPE B DRUG       |

### Service Description

This document addresses the use of *Lurbinectedin (Zepzelca®)*, an alkylating drug approved by the Food and Drug Administration (FDA) for the treatment of adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy.

### Background Information

The FDA approved indication for Zepzelca is for the treatment of metastatic small cell lung cancer in individuals with disease progression on or after platinum-based chemotherapy.

Small cell lung cancer (SCLC) accounts for 15% of lung cancers, primarily occurring in smokers. It's characterized by rapid growth, high cell division, and early metastasis. While it responds well to chemotherapy and radiation, recurrence is common within 14-15 months (limited-stage) or 5-6 months (extensive-stage). Relapsed SCLC patients typically survive 2-6 months. Prognosis depends on performance status, tumor extent, and time to relapse. Response to second-line therapy is influenced by the time since the last treatment, initial response, and performance status.

### Definitions and Measures

- Disease Progression: Cancer that continues to grow or spread.
- ECOG or Eastern Cooperative Oncology Group Performance Status: A scale and criteria used by doctors and researchers to assess how an individual's disease is progressing, assess how the disease affects the daily living abilities of the individual, and determine appropriate treatment and prognosis. This scale may also be referred to as the WHO (World Health Organization) or Zubrod score which is based on the following scale:
  - 0 = Fully active, able to carry on all pre-disease performance without restriction
  - 1 = Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, for example, light house work, office work
  - 2 = Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
  - 3 = Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
  - 4 = Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
  - 5 = Dead

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- Metastasis: The spread of cancer from one part of the body to another; a metastatic tumor contains cells that are like those in the original (primary) tumor and have spread.

### Approved Indications

- Lurbinectedin (Zepzelca®) is approved by the FDA, under accelerated approval based on overall response rate and duration of response, for the treatment of adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

### Other Uses

- None

### Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPSCS	Description
J9223	Injection, lurbinectedin, 0.1 mg [Zepzelca]

ICD-10	Description
C34.00-C34.92	Malignant neoplasm of unspecified part of bronchus or lung

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### Medical Necessity Guidelines

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

#### Lurbinectedin (Zepzelca®)

**A. Criteria For Initial Approval** *(Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met **all** approval criteria.)*

- 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.

**B. Criteria For Continuation of Therapy**

- i. MMM considers continuation of Lurbinectedin (Zepzelca®) therapy medically necessary in members requesting reauthorization for an indication listed in Section A above (Criteria for Initial Approval) when there is no evidence of an unacceptable toxicity or disease progression while on the current regimen. The following information should be submitted for reauthorization:
  - A. A current oncology note documenting the patient's response to treatment showing no progression of disease.
  - B. Current imaging studies and other objective measures, as appropriate, showing no progression of disease when compared with previous results.

**C. Authorization Duration**

- i. Initial Approval Duration: Up to 6 months
- ii. Reauthorization Approval Duration: Up to 6 months

**D. Conditions Not Covered**

*Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):*

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- i. Requests for Zepzelca (lurbinectedin) may not be approved when the above criteria (Section A: Criteria for Initial Approval) are not met and for all other indications.

### Limits or Restrictions

#### A. Therapeutic Alternatives

*The list below includes preferred alternative therapies recommended in the approval criteria and may be subject to prior authorization.*

- i. N/A

#### B. Quantity Limitations

*Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.*

Drug	Recommended Dosing Schedule
Lurbinectedin (Zepzelca®)	3.2 mg/m <sup>2</sup> every 21 days until disease progression or unacceptable toxicity.
Exceptions	
None	

### Reference Information

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. 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 11, 2023.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on July 11, 2023.
  - a. Small Cell Lung Cancer. V3.2023. Revised December 21, 2022.

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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### Policy History

Revision Type	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Annual Review 11/12/2024	Wording and formatting updates. Coding Reviewed: Expanded ICD-10-CM range to C34.00- C34.92.	3/14/2025	4/2/2025
Select Review 2/15/2024	Update statement for criteria for initial approval: Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met all approval criteria.	3/25/2024	5/9/2024
Policy Inception 11/12/2023	Elevance Health's Medical Policy adoption,	N/A	11/30/2023