

-E-

Document Number: IC-0604

Last Review Date: 03/31/2023 Date of Origin: 06/01/2021

Dates Reviewed: 06/2021, 05/2022, 04/2023

I. Length of Authorization

Coverage will be provided for six months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

4 mg single-dose vial for injection: 2 vials every 21 days

B. Max Units (per dose and over time) [HCPCS Unit]:

80 billable units every 21 days

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

Patient is at least 18 years of age; AND

Universal Criteria ¹

• Used as a single agent; AND

Small Cell Lung Cancer † ‡ Ф 1-4

- Used for one of the following:
 - Used for metastatic disease †
 - o Used for relapsed or primary progressive disease as subsequent therapy ‡; AND
- Patient has disease progression on or after platinum-based chemotherapy (i.e., cisplatin, carboplatin) †; AND
- Use of lurbinectedin will be restricted to patients with a contraindication or intolerance to topotecan



Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); ♠ Orphan Drug

IV. Renewal Criteria 1

Coverage may be renewed based on the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such
 as concomitant therapy requirements (not including prerequisite therapy), performance
 status, etc. identified in section III; AND
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: myelosuppression (e.g., neutropenia, thrombocytopenia, anemia, etc.), hepatotoxicity, extravasation resulting in tissue necrosis, rhabdomyolysis, etc.

V. Dosage/Administration ¹

| Indication | Dose |
|-----------------|--------------------------------------------------------------------------|
| Small Cell Lung | Administer 3.2 mg/m² by intravenous infusion every 21 days until disease |
| Cancer | progression or unacceptable toxicity. |

VI. Billing Code/Availability Information

HCPCS Code:

• J9223 – Injection, lurbinectedin, 0.1 mg; 1 billable unit = 0.1 mg

NDC:

• Zepzelca 4 mg single-dose vial for injection: 68727-0712-xx

VII. References (STANDARD)

- 1. Zepzelca [package insert]. Palo Alto, CA; Jazz Pharmaceuticals, Inc.; April 2022. Accessed March 2023.
- 2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium*) lurbinectedin. National Comprehensive Cancer Network, 2023. The NCCN Compendium* is a derivative work of the NCCN Guidelines*. NATIONAL COMPREHENSIVE CANCER NETWORK*, NCCN*, and NCCN GUIDELINES* are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most



- recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2023.
- 3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Small Cell Lung Cancer Version 3.2023. National Comprehensive Cancer Network, 2023. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed March 2023.
- 4. Trigo J, Subbiah V, Besse B, et al. Lurbinectedin as second-line treatment for patients with small-cell lung cancer: a single-arm, open-label, phase 2 basket trial. Lancet Oncol. 2020 May;21(5):645-654. doi: 10.1016/S1470-2045(20)30068-1. Epub 2020 Mar 27.

VIII. References (ENHANCED)

- 1e. von Pawel J, Schiller JH, Shepherd FA, et al. Topotecan versus cyclophosphamide, doxorubicin, and vincristine for the treatment of recurrent small-cell lung cancer. J Clin Oncol. 1999 Feb;17(2):658-67. doi: 10.1200/JCO.1999.17.2.658.
- 2e. O'Brien ME, Ciuleanu TE, Tsekov H, et al. Phase III trial comparing supportive care alone with supportive care with oral topotecan in patients with relapsed small-cell lung cancer. J Clin Oncol. 2006 Dec 1;24(34):5441-7. doi: 10.1200/JCO.2006.06.5821.
- 3e. Eckardt JR, von Pawel J, Pujol JL, et al. Phase III study of oral compared with intravenous topotecan as second-line therapy in small-cell lung cancer. J Clin Oncol. 2007 May 20;25(15):2086-92. doi: 10.1200/JCO.2006.08.3998. Erratum in: J Clin Oncol. 2007 Aug 1;25(22):3387.
- 4e. Magellan Health, Magellan Rx Management. Zepzelca Clinical Literature Review Analysis. Last updated March 2023. Accessed March 2023.

Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 Description | |
|--------|----------------------------------------------------------------|--|
| C33 | Malignant neoplasm of trachea | |
| C34.00 | Malignant neoplasm of unspecified main bronchus | |
| C34.01 | Malignant neoplasm of right main bronchus | |
| C34.02 | Malignant neoplasm of left main bronchus | |
| C34.10 | Malignant neoplasm of upper lobe, unspecified bronchus or lung | |
| C34.11 | Malignant neoplasm of upper lobe, right bronchus or lung | |
| C34.12 | Malignant neoplasm of upper lobe, left bronchus or lung | |
| C34.2 | Malignant neoplasm of middle lobe, bronchus or lung | |
| C34.30 | Malignant neoplasm of lower lobe, unspecified bronchus or lung | |
| C34.31 | Malignant neoplasm of lower lobe, right bronchus or lung | |
| C34.32 | Malignant neoplasm of lower lobe, left bronchus or lung | |

| ICD-10 | ICD-10 Description |
|--------|--------------------------------------------------------------------------|
| C34.80 | Malignant neoplasm of overlapping sites of unspecified bronchus and lung |
| C34.81 | Malignant neoplasm of overlapping sites of right bronchus and lung |
| C34.82 | Malignant neoplasm of overlapping sites of left bronchus and lung |
| C34.90 | Malignant neoplasm of unspecified part of unspecified bronchus or lung |
| C34.91 | Malignant neoplasm of unspecified part of right bronchus or lung |
| C34.92 | Malignant neoplasm of unspecified part of left bronchus or lung |
| C7A.1 | Malignant poorly differentiated neuroendocrine tumors |
| C78.00 | Secondary malignant neoplasm of unspecified lung |
| C78.01 | Secondary malignant neoplasm of right lung |
| C78.02 | Secondary malignant neoplasm of left lung |
| C79.31 | Secondary malignant neoplasm of brain |
| C79.51 | Secondary malignant neoplasm of bone |
| C79.52 | Secondary malignant neoplasm of bone marrow |

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Articles (LCAs), and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

| | Medicare Part B Administrative Contractor (MAC) Jurisdictions | | | | |
|--------------|---------------------------------------------------------------------------------------------|---------------------------------------------------|--|--|--|
| Jurisdiction | Applicable State/US Territory | Contractor | | | |
| E (1) | CA, HI, NV, AS, GU, CNMI | Noridian Healthcare Solutions, LLC | | | |
| F (2 & 3) | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC | | | |
| 5 | KS, NE, IA, MO | Wisconsin Physicians Service Insurance Corp (WPS) | | | |
| 6 | MN, WI, IL | National Government Services, Inc. (NGS) | | | |
| H (4 & 7) | LA, AR, MS, TX, OK, CO, NM | Novitas Solutions, Inc. | | | |
| 8 | MI, IN | Wisconsin Physicians Service Insurance Corp (WPS) | | | |
| N (9) | FL, PR, VI | First Coast Service Options, Inc. | | | |
| J (10) | TN, GA, AL | Palmetto GBA, LLC | | | |
| M (11) | NC, SC, WV, VA (excluding below) | Palmetto GBA, LLC | | | |
| L (12) | DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA) | Novitas Solutions, Inc. | | | |



| Medicare Part B Administrative Contractor (MAC) Jurisdictions | | | | | |
|---------------------------------------------------------------|-------------------------------|------------------------------------------|--|--|--|
| Jurisdiction | Applicable State/US Territory | Contractor | | | |
| K (13 & 14) | NY, CT, MA, RI, VT, ME, NH | National Government Services, Inc. (NGS) | | | |
| 15 | КҮ, ОН | CGS Administrators, LLC | | | |

