



State of Oklahoma  
SoonerCare  
**Zepzelca™ (Lurbinectedin)**  
**Prior Authorization Form**



Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Member ID#: \_\_\_\_\_

**Drug Information**

Physician billing (HCPCS code: \_\_\_\_\_)  Pharmacy billing (NDC: \_\_\_\_\_)  
Dose: \_\_\_\_\_ Regimen: \_\_\_\_\_ Start Date (or date of next dose): \_\_\_\_\_

**Billing Provider Information**

Provider NPI: \_\_\_\_\_ Provider Name: \_\_\_\_\_  
Provider Phone: \_\_\_\_\_ Provider Fax: \_\_\_\_\_

**Prescriber Information**

Prescriber NPI: \_\_\_\_\_ Prescriber Name: \_\_\_\_\_  
Prescriber Phone: \_\_\_\_\_ Prescriber Fax: \_\_\_\_\_ Specialty: \_\_\_\_\_

**Criteria**

**For Initial Authorization:**

**1. Please indicate the diagnosis and information:**

- Small Cell Lung Cancer (SCLC)**
  - A. Is diagnosis metastatic SCLC? Yes  No
  - B. Will lurbinectedin be used following disease progression on or after platinum-based chemotherapy? Yes  No

**If answer is none of the above, please indicate diagnosis:** \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**For Continued Authorization:**

1. Date of last dose: \_\_\_\_\_
2. Does member have any evidence of progressive disease while on lurbinectedin therapy?  
Yes  No
3. Has the member experienced adverse drug reactions related to lurbinectedin therapy? Yes  No   
If yes, please specify adverse reactions: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.***

*Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.*

Fax completed prior authorization request form to **888-601-8461** or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at **AetnaBetterHealth.com/Oklahoma.**

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