

Policy Name:	Cosela (trilaciclib)	Policy#:	3230P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Cosela (trilaciclib)

Statement of the Policy

Health Alliance Medical Plans will approve the use of Cosela (trilaciclib) under the specialty medical benefit if the following criteria are met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of extensive-stage small cell lung cancer
- 1.2 Patient is currently receiving either platinum/etoposide-containing chemo regimen or topotecan-containing chemo regimen
- 1.3 Age 18 years or older
- 1.4 Prescribed by or in consultation with an oncologist or hematologist
- 1.5 Documentation to support Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 to 2

2. Exclusion Criteria

- 2.1 Diagnosis of non-small cell lung cancer or other malignancy
 - Safety and efficacy of Cosela has not been established in this patient population

3. Approval Period

- 3.1 Initial: 12 months
- 3.2 Reapproval: 12 months with documented benefit from therapy such as lack of severe neutropenia following therapy

CPT Codes

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HCPCS Codes

J1448	Injection, trilaciclib, 1mg
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References

1. Cosela (trilaciclib) [prescribing information]. Durham, NC: G1 Therapeutics Inc; August 2023.
2. Hart LL, Ferrarotto R, Andric ZG, et al. Myelopreservation with trilaciclib in patients receiving topotecan for small-cell lung cancer: results from a randomized, double-blind, placebo-controlled phase II study. *Adv Ther.* 2021;38(1):350-365.
3. Ferrarotto R, Anderson I, Medgyasszay B, et al. Trilaciclib prior to chemotherapy reduces the usage of supportive care interventions for chemotherapy-induced myelosuppression in patients with small cell

lung cancer: Pooled analysis of three randomized phase 2 trials. Cancer Med. 2021 Sep;10(17):5748-5756.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies.

Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.