

Cosela® (trilaciclib)
Effective 11/01/2021

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Cosela is indicated to decrease the incidence of chemotherapy-induced myelosuppression in adult patients when administered prior to a platinum/etoposide-containing regimen or topotecan-containing regimen for extensive-stage small cell lung cancer (ES-SCLC).

Coverage Guidelines

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Cosela excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member is using Cosela to decrease the incidence of chemotherapy-induced myelosuppression.
2. Documentation the member has extensive-stage small cell lung cancer
3. The member will be receiving Cosela prior to either of the following chemotherapeutic regimens:
 - a. platinum/etoposide-containing regimen.
 - b. topotecan-containing regimen.
4. The requested medication will not be used with granulocyte colony-stimulating factor (G-CSF) and/or erythropoiesis-stimulating agents (ESAs) as primary prophylaxis during cycle.

Continuation of Therapy

Reauthorization will be granted if member meets all initial authorization criteria.

Limitations

1. Initial approvals and reauthorizations will be granted for 6 months

References

1. Cosela (trilaciclib) [prescribing information]. Durham, NC: GI Therapeutics, Inc.; February 2021.
2. Daniel D, Kuchava V, Bondarenko I et al. Trilaciclib prior to chemotherapy and atezolizumab in patients with newly diagnosed extensive-stage small cell lung cancer. A multicentre, randomized, double-blind, placebo-controlled phase II trial. *Int J Cancer*. 2020.1-14.
3. 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):350-65.
4. Weiss JM, Csozsi T, Maglakelidze M et al. Myelopreservation with the CDK4/6 inhibitor trilaciclib in patients with small-cell lung cancer receiving first-line chemotherapy: a phase Ib/randomized phase II trial. *Ann Oncol*. 2019; 30 (10):1613-21.
5. Weiss J, Goldschmidt J, Andric Z et al. Myelosuppression and reduced use of supportive care with trilaciclib in patients with small cell lung cancer. Presented at the American Society of Clinical 2 Pharmacy Medical Necessity Guidelines: Doolvi™ (triheptanoin) Oncology (ASCO) Virtual Meeting 2020. May 29-31, 2020. Poster #384. URL: g1therapeutics.com/file.cfm/34/docs/384_Weiss_ASCO_2020_Poster_15May2020.pdf.

Review History

09/22/2021 – Created and Reviewed for Sept P&T. Effective 11/01/2021

