Medical Policy:

Cosela™ (trilaciclib) powder for injection

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.337	March 13, 2025	April 2, 2021

Definition

Cosela, a cyclin dependent kinase (CDK) 4/6 kinase inhibitor, 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).

Length of Authorization

Initial coverage will be provided for six months.

Dosing Limits [Medical Benefit]

240 mg/m^2/dose; administered prior to a platinum/etoposide- or topotecan-based regimen for extensive-stage small cell lung cancer

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

600 billable units (600 mg) per dose

- On days 1,2,3 every 21 days when used in combination with etoposide
- On days 1-5 every 21 days when used in combination with topotecan

Guideline

I. INITIAL APPROVAL CRITERIA

1. **<u>Small Cell Lung Cancer- Chemotherapy Induced Myelosupression</u>**
    A. Patient is 18 years of age or older; **AND**
    B. Cosela is prescribed by, or in consultation with, an oncologist; **AND**
    C. Patient has extensive-stage disease; **AND**
    D. Cosela is being used to decrease the incidence of chemotherapy-induced myelosuppression; **AND**
    E. Will not be used concomitantly with colony stimulating factors (*e.g., G-CSF, peg-G-CSF, GM-CSF, etc.)* for primary prophylaxis of febrile neutropenia prior to day 1 cycle of 1 chemotherapy; **AND**
    F. Patient meets **ONE** of the following criteria (i or ii):
        i. Patient will be receiving platinum (carboplatin or cisplatin) and etoposide-containing chemotherapy regimen; **OR**
        ii. Patient will be receiving topotecan-containing regimen

II. RENEWAL CRITERIA

Coverage for all other indications can be renewed based upon the following criteria:

1. Patient continues to meet Initial Criteria; **AND**
2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include severe injection site reactions including phlebitis and thrombophlebitis, acute drug hypersensitivity reactions, interstitial lung disease/pneumonitis, etc.; **AND**
3. Patient continues to undergo myelosuppressive chemotherapy with one of the following:
    A. Platinum (carboplatin or cisplatin) and etoposide-containing regimen; **OR**
    B. Topotecan-containing regimen

Limitations/Exclusions

1. Cosela is contraindicated in patients with a history of serious hypersensitivity reactions to trilaciclib.

Applicable Procedure Codes

Code	Description
J1448	Injection, trilaciclib, 1mg

Applicable NDCs

Code	Description
73462-0101-01	Cosela (trilaciclib) 300 mg single dose vial

ICD-10 Diagnoses

Code	Description
D61.81	Pancytopenia
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.9	Neutropenia, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs sequela
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	3/13/2025	Addition to criteria Will not be used concomitantly with colony stimulating factors (*e.g., G-CSF, peg-G-CSF, GM-CSF, etc.)* for primary prophylaxis of febrile neutropenia prior to day 1 cycle of 1 chemotherapy. Updated ICD-10 diagnosis codes
EmblemHealth & ConnectiCare	3/20/2024	Annual Review: Updated dosing limits added renewal criteria
EmblemHealth & ConnectiCare	7/20/2023	Annual Review: Removed Codes: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12 and C34.2. Added Codes: D61.81, D70.1, D70.9, T45.1X5a, T45.1X5D, T451X5S and Z51.11
EmblemHealth & ConnectiCare	4/08/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	4/2/2021	New Medical Policy

References

1. Cosela™ injection for intravenous use [prescribing information]. Durham, NC: G1 Therapeutics, Inc.; February 2021.
2. The NCCN Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 2.2021 – January 11, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on February 22, 2021.