# SPECIALTY GUIDELINE MANAGEMENT

## COSELA (trilaciclib)

## POLICY

## I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### **FDA-Approved Indications**

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).

All other indications are considered experimental/investigational and not medically necessary.

## II. CRITERIA FOR INITIAL APPROVAL

#### Extensive-stage Small Cell Lung Cancer

Authorization of 6 months may be granted to decrease the incidence of chemotherapy-induced myelosuppression in adult patients with extensive-stage small cell lung cancer when all of the following criteria are met:

- A. The member will be receiving either of the following chemotherapeutic regimens:
  - 1. A platinum/etoposide-containing regimen.
  - 2. A topotecan-containing regimen.
- B. The requested medication will be given within 4 hours prior to the start of chemotherapy on each day chemotherapy is administered.
- C. 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 1.

#### **III. CONTINUATION OF THERAPY**

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

#### IV. REFERENCES

1. Cosela [package insert]. Durham, NC: G1 Therapeutics, Inc; February 2021.

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