Reference number(s)
4528-A

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.