

Clinical Policy Title:	trilaciclib
Policy Number:	RxA.682
Drug(s) Applied:	Cosela™
Original Policy Date:	04/16/2021
Last Review Date:	10/19/2023
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Small cell lung cancer (must meet all):

1. Diagnosis of extensive-stage SCLC;
2. Age ≥ 18 years;
3. Prescribed by or in consultation with an oncologist;
4. The medication is used to decrease the incidence of chemotherapy-induced myelosuppression;
5. Request meets one of the following (a or b):
 - a. Cosela™ will be administered within 4 hours prior to start of platinum (carboplatin or cisplatin) and etoposide-containing chemotherapy regimen;
 - b. Cosela™ will be administered within 4 hours prior to start of topotecan-containing regimen;
6. Cosela™ 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 1 of chemotherapy;
7. Request meets one of the following (a or b):*
 - a. Dose does not exceed intravenous 240 mg/m²/dose;
 - b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

*Prescribed regimen must be FDA-approved or recommended by NCCN

Approval Duration

Commercial: 6 months

Medicaid: 6 months

II. Continued Therapy Approval

A. Small cell lung cancer (must meet all):

1. Member is currently receiving the medication that has been authorized by RxAdvance or the member has met initial approval criteria;
2. Member is responding positively to therapy;
3. Request meets one of the following (a or b):*
 - a. Dose does not exceed intravenous 240 mg/m²/dose;
 - b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

*Prescribed regimen must be FDA-approved or recommended by NCCN

Approval Duration

Commercial: 6 months

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Medicaid: 6 months

References

1. National Comprehensive Cancer Network. Small cell lung Cancer. Version 3.2023. Available at: https://www.nccn.org/professionals/physician_gls/pdf/sclc_blocks.pdf. Accessed February 1, 2023.
2. National Comprehensive Cancer Network. Hematopoietic Growth Factors. Version 1.2023. Available at: https://www.nccn.org/professionals/physician_gls/pdf/growthfactors.pdf. Accessed February 1, 2023.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	04/22/2021	06/10/2021
Policy was reviewed: <ol style="list-style-type: none"> 1. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 2. References were reviewed and updated. 	02/01/2022	04/18/2022
Policy was reviewed: <ol style="list-style-type: none"> 1. Initial Approval Criteria, I.A.6: Updated to include new combination therapy criteria Cosela™ 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 1 of chemotherapy. 2. Reference were reviewed and updated. 	02/01/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023