

trilaciclib (Cosela®)

Place of Service

Office Administration

Infusion Center Administration

Home Infusion Administration

Outpatient Facility Infusion Administration

HCPCS: J1448 per 1 mg

Condition listed in policy (*see criteria for details*)

- [Chemotherapy-induced myelosuppression in extensive-stage small cell lung cancer \(ES-SCLC\) patients](#)

AHFS therapeutic class: Protective Agents

Mechanism of action: CDK 4 and 6 kinase inhibitor

(1) Special Instructions and pertinent Information

Covered under the medical benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for trilaciclib (Cosela®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Chemotherapy-induced myelosuppression in extensive-stage small cell lung cancer (ES-SCLC) patients

1. Diagnosis is extensive-stage small cell lung cancer (ES-SCLC), **AND**
2. Being administered along with a platinum/etoposide-containing regimen or topotecan-containing regimen

Covered Doses

Up to 240 mg/m² IV on each day chemotherapy is administered

Coverage Period

Duration of platinum/etoposide or topotecan chemotherapy

ICD-10:

D61.81, D70.1, D70.9, T45.1X5A, T45.1X5D, T45.1X5S, Z51.11

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for trilaciclib (Cosela®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 300 mg single-dose vial

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- Cosela® (trilaciclib)[Prescribing information]. Durham, NC: G1 Therapeutics, Inc.; 2021.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National Comprehensive Cancer Network. Hematopoietic Growth Factors (Version 2.2023). Available by subscription at: www.nccn.org.

(7) Policy Update

Date of last review: 2Q2022

Date of next review: 2Q2023

Changes from previous policy version:

- No clinical change to policy following routine annual review.

BSC Drug Coverage Criteria to Determine Medical Necessity

Reviewed by P&T Committee