Drug Policy:

Cosela™ (trilaciclib)

POLICY NUMBER UM ONC_1424	**SUBJECT** Cosela™ (trilaciclib)		**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 3**
DATES COMMITTEE REVIEWED 04/14/21, 11/15/21, 04/13/22, 05/11/22, 03/08/23, 05/10/23, 03/13/24	**APPROVAL DATE** March 13, 2024	**EFFECTIVE DATE** March 29, 2024	**COMMITTEE APPROVAL DATES** 04/14/21, 11/15/21, 04/13/22, 05/11/22, 03/08/23, 05/10/23, 03/13/24	
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee		
NCQA STANDARDS UM 2		**ADDITIONAL AREAS OF IMPACT**		
CMS REQUIREMENTS	**STATE/FEDERAL REQUIREMENTS**		**APPLICABLE LINES OF BUSINESS** Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Cosela (trilaciclib) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided:

1. The requested medication was used within the last year, AND
2. The member has not experienced disease progression and/or no intolerance to the requested medication, AND
3. Additional medication(s) are not being added to the continuation request.

B. Extensive Stage Small Cell Lung Cancer (SCLC)

1. Cosela (trilaciclib) is not supported by Evolent Policy for use to prevent chemotherapy induced myelosuppression in extensive stage SCLC.

   Rationale for the above policy position: Based on a review of the 3 studies conducted on this drug, we noted that:

   a. The incidence of febrile neutropenia was not used as an efficacy endpoint in any of the trials.

b. G-CSF use was allowed starting cycle 2 for all 3 trials. A significant proportion of patients received G-CSF in both the placebo and Cosela groups. The use of IV antibiotics was 22% in the Cosela group vs 28% in the placebo group-a non-significant difference in the trial using Cosela with topotecan.

c. There is no Level 1 evidence (randomized trial and/or meta-analysis) to support that Cosela + G-CSF therapy significantly decreases the risk of febrile neutropenia compared to G-CSF therapy alone.

d. With regards to anemia prevention, the rate of ESA use for anemia of chemotherapy was 3% in the Cosela group vs 5% in the placebo group-a non-significant difference-in the trial using a 3-drug regimen.

e. With regards to platelet transfusions: 8 patients received platelet transfusions in the Cosela group compared to 9 patients in the placebo group-a non-significant difference-in the trial using topotecan.

f. Based on our review, the use of Cosela does not offer significant clinical benefits in terms of decreasing myelosuppression, over and above the use of G-CSF, and other supportive care (ESAs, platelet transfusions etc.).

g. None of these studies showed an improvement in Progression-Free Survival (PFS) or Overall Survival (OS).

III. EXCLUSION CRITERIA

A. Investigational use of Cosela (trilaciclib) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

V. ATTACHMENTS

A. None

VI. REFERENCES

A. Hart LL, et al. Myelopreservation with Trilaciclib in Patients Receiving Topotecan for Small Cell Lung Cancer: Results from a Randomized, Double-Blind, Placebo-Controlled Phase II Study. Adv Ther. 2021 Jan;38(1):350-365.

B. Cosela (trilaciclib) PI prescribing information. G1 Therapeutics, Inc. Durham, NC 2021.

C. Clinical Pharmacology Elsevier Gold Standard 2023.

D. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.

E. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.

F. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2023.

G. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

H. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.