Cosela® (trilaciclib)
Effective 11/01/2021

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<th>Plan</th>
<th>☐ MassHealth</th>
<th>☒ Commercial/Exchange</th>
<th>Program Type</th>
<th>☒ Prior Authorization</th>
<th>☐ Quantity Limit</th>
<th>☐ Step Therapy</th>
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<td>Benefit</td>
<td>☐ Pharmacy Benefit</td>
<td>☒ Medical Benefit (NLX)</td>
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<td>Specialty Limitations</td>
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<th>Contact Information</th>
<th>Specialty Medications</th>
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<th>Medical Specialty Medications (NLX)</th>
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<tr>
<td>All Plans</td>
<td>Phone: 866-814-5506</td>
<td>Fax: 866-249-6155</td>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
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Exceptions | N/A |

Overview
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).

Coverage Guidelines
Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Cosela excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:
1. The member is using Cosela to decrease the incidence of chemotherapy-induced myelosuppression.
2. Documentation the member has extensive-stage small cell lung cancer
3. The member will be receiving Cosela prior to either of the following chemotherapeutic regimens:
   a. platinum/etoposide-containing regimen.
   b. topotecan-containing regimen.
4. 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.

Continuation of Therapy
Reauthorization will be granted if member meets all initial authorization criteria.
Limitations
1. Initial approvals and reauthorizations will be granted for 6 months

References

Review History
09/22/2021 – Created and Reviewed for Sept P&T. Effective 11/01/2021

Disclaimer
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