Cosela® (trilaciclib)  
Effective 01/01/2022

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
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<tr>
<td>☐ MassHealth</td>
<td>☒ Prior Authorization</td>
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<tr>
<td>☒ MH UPPL</td>
<td>☐ Quantity Limit</td>
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<td>☐ Commercial/Exchange</td>
<td>☐ Step Therapy</td>
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<th>Benefit</th>
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<tr>
<td>☐ Pharmacy Benefit</td>
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<tr>
<td>☒ Medical Benefit (NLX)</td>
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**Specialty Limitations**  
This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

**Specialty Medications**  
All Plans  
Phone: 866-814-5506  
Fax: 866-249-6155

**Non-Specialty Medications**  
MassHealth  
Phone: 877-433-7643  
Fax: 866-255-7569  
Commercial  
Phone: 800-294-5979  
Fax: 888-836-0730  
Exchange  
Phone: 855-582-2022  
Fax: 855-245-2134

**Medical Specialty Medications (NLX)**  
All Plans  
Phone: 844-345-2803  
Fax: 844-851-0882

**Contact Information**

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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. Diagnosis of extensive-stage small cell lung cancer (ES-SCLC)
2. Prescriber is an oncologist
3. Appropriate dosing
4. Member is ≥ 18 years of age
5. Requested agent will be used in combination with ONE of the following:
   a. platinum/etoposide-containing regimen.
   b. topotecan-containing regimen.

**Continuation of Therapy**
Reauthorization will be granted if when provider has attested to the continuation of chemotherapy cycles with either platinum/etoposide-containing regimen or topotecan-containing regimen and only be approved for the length of the chemotherapy session

Limitations
1. Initial approvals and reauthorizations will be granted for 6 months

References

Review History
11/17/2021 – Created and Reviewed for Nov P&T; matched with MH UPPL. Effective 01/01/2022

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.