09-J3000-97

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Reviewed: 09/11/24

Revised: 10/15/24

Subject: Trilaciclib (Cosela) IV infusion

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DESCRIPTION:

Trilaciclib is an injectable kinase inhibitor that is Food and Drug administration (FDA) approved to decrease the incidence of chemotherapy-induced myelosuppression in adults with extensive-stage small cell lung cancer (ES-SCLC) receiving a platinum/etoposide-containing regimen or topotecan-containing regimen. Trilaciclib transiently inhibits the cyclin-dependent kinase (CDK) enzymes 4 and 6. This inhibition prevents hematopoietic stem and progenitor cells (HSPC) in the bone marrow and lymphocytes from proliferating in the presence of chemotherapy. SCLC tumor cells replicate independently of CDK 4/6 and are not expected to be impacted with treatment.

The efficacy of trilaciclib was evaluated in three separate randomized, double-blind, placebo-controlled trials in patients with ES-SLCL. There were122 patients that received trilaciclib and 118 received placebo in the 3 pooled studies. The chemotherapy regimen consisted of carboplatin/etoposide, carboplatin/etoposide/atezolumab, or topotecan. Trilaciclib was administered as an IV infusion prior to each scheduled day of chemotherapy (Day 1-3 or Day 1-5). The use of prophylactic granulocyte-colony stimulating factor (G-CSF) and erythropoiesis-stimulating agents (ESA) were prohibited in the first cycle only. These agents were allowed for treatment as clinically indicated and were allowed for prophylaxis in cycle 2 and beyond. Treatment with trilaciclib demonstrated a statistically significant shorter duration of severe neutropenia and a lower proportion of patients who developed severe neutropenia. There were also fewer all-cause dose reductions and a lower percentage of patients who required G-CSFs, ESAs, and blood cell transfusions as compared to placebo. The most common adverse reactions occurring in patients treated with trilaciclib include fatigue, hypocalcemia, hypokalemia, hypophosphatemia, increased aspartate aminotransferase, headache, and pneumonia.

The NCCN guidelines for Hematopoietic growth factors (Management of neutropenia and chemotherapy-induced anemia) support the use of trilaciclib as a prophylactic option to decrease the incidence of chemotherapy-induced myelosuppression when administered before platinum/etoposide ± immune checkpoint inhibitor-containing regimens or a topotecan-containing regimen for extensive-stage small cell lung cancer (ES-SCLC). The guidelines state that prophylactic granulocyte-colony stimulating factor may be administered after cycle 1.

POSITION STATEMENT:

Initiation of trilaciclib (Cosela) **meets the definition of medical necessity** for **ONE** of the following when **ALL** of the associated criteria are met:

1. To decrease the incidence of chemotherapy-induced myelosuppression
    a. The member has a diagnosis of extensive stage small cell lung cancer (ES-SCLC)
    b. The member will receive treatment with **ONE** of the following:
        i. Platinum (carboplatin or cisplatin) and etoposide-containing regimen (with or without atezolizumab or durvalumab)
        ii. Topotecan-containing regimen
    c. The member will not receive a granulocyte-colony stimulating factor in the prophylactic setting during the first cycle of chemotherapy
    d. The dose will be administered within 28 hours on sequential days when chemotherapy is administered
    e. The dose does not exceed 240 mg/m^2 per dose within 4 hours prior to the start of chemotherapy for **ONE** of the following:
        i. Day 1, 2, and 3 every 21 days when combined with a platinum/etoposide-containing regimen (with or without atezolizumab or durvalumab)
        ii. Day 1, 2, 3, 4, and 5 every 21 days when combined with a topotecan-containing regimen
2. Other FDA-approved or NCCN supported diagnosis (not previously listed above)
    a. **ONE** of the following is met:
        i. Member is diagnosed with a condition that is consistent with an indication listed in the product's FDA-approved prescribing information (or package insert) **AND** member meets any additional requirements listed in the "Indications and Usage" section of the FDA-approved prescribing information (or package insert)
        ii. Indication **AND** usage is recognized in NCCN Drugs and Biologics Compendium as a Category 1 or 2A recommendation
    b. Dose does not exceed the maximum FDA-approved dosing

Approval duration: 6 months

DOSAGE/ADMINISTRATION:

THIS INFORMATION IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED AS A SOURCE FOR MAKING PRESCRIBING OR OTHER MEDICAL DETERMINATIONS. PROVIDERS SHOULD REFER TO THE MANUFACTURER'S FULL PRESCRIBING INFORMATION FOR DOSAGE GUIDELINES AND OTHER INFORMATION RELATED TO THIS MEDICATION BEFORE MAKING ANY CLINICAL DECISIONS REGARDING ITS USAGE.

FDA-approved

- Trilaciclib injection 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
- 240 mg/m^2 as a 30 minute intravenous infusion completed within 4 hours prior to the start of chemotherapy on each day of chemotherapy is administered.
- The interval between doses on sequential days should not be greater than 28 hours.
- If a dose is missed, discontinue chemotherapy on that day. If trilaciclib is discontinued, wait 96 hours from the last dose before resumption of chemotherapy only.

Dose Adjustments

- Reduce the dose to 170 mg/m2 in patients with moderate or severe hepatic impairment (Child-Pugh classes B and C)
- See prescribing information for dose modification for adverse reactions. Permanently discontinue for Grade 3 or 4 severe reactions.

Drug Availability

- 300 mg single-dose vial

PRECAUTIONS:

Boxed Warning

- None

Contraindications

- History of serious hypersensitivity reactions to trilaciclib

Precautions/Warnings

- Injection-Site Reactions, Including Phlebitis and Thrombophlebitis:Monitor for signs and symptoms of injection-site reactions, including phlebitis and thrombophlebitis during infusion. Stop infusion and permanently discontinue treatment for severe or life-threatening reactions.
- Acute Drug Hypersensitivity Reactions: Monitor for signs and symptoms of acute drug hypersensitivity reactions, including edema (facial, eye, and tongue), urticaria, pruritus, and anaphylactic reactions.Withhold treatment for moderate reactions, and permanently discontinue for severe or life-threatening reactions
- Interstitial Lung Disease (ILD)/Pneumonitis: Patients treated with CDK4/6 inhibitors should be monitored for pulmonary symptoms indicative of ILD/pneumonitis. Interrupt and evaluate patients with new or worsening symptoms suspected to be due to ILD/pneumonitis. Permanently discontinue treatment in patients with recurrent symptomatic or severe/life-threatening ILD/pneumonitis
- Embryo-Fetal Toxicity: Can cause fetal harm. Advise patients of thepotential risk to a fetus and to use effective contraception

BILLING/CODING INFORMATION:

HCPCS Coding

J1448	Injection, trilaciclib, 1 mg

ICD-10 Diagnosis Codes That Support Medical Necessity

C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Part D: Florida Blue has delegated to Prime Therapeutics authority to make coverage determinations for the Medicare Part D services referenced in this guideline.

Medicare Advantage: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

DEFINITIONS:

Extensive-stage: Stage IV (T any, N any, M 1a/b/c), or T3-4 due to multiple lung nodules that are too extensive or have tumor/nodal volume that is too large to be encompassed in a tolerable radiation plan.

Limited-stage: Stage I-III (T any, N any, M0) that can be safely treated with definitive radiation doses. Excludes T3-4 due to multiple lung nodules that are too extensive or have tumor/nodal volume that is too large to be encompassed in a tolerable radiation plan.

RELATED GUIDELINES:

None

OTHER:

None

REFERENCES:

1. Clinical Pharmacology [Internet Database]. Gold Standard, Inc., 2024 [cited 2024 Aug 31].
2. Cosela (trilaciclib) [package insert]. GI Therapeutics. Durham (NC): Aug 2023.
3. DRUGDEX® System [Internet Database]. Greenwood Village, Colo: Thomson Micromedex. 2024[cited 2024 Aug 31]. Available from: http://www.thomsonhc.com/.
4. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology: Hematopoietic Growth Factors. 3.2024. Available at http://www.nccn.org/professionals/physician_gls/PDF/growthfactors.pdf. Accessed 08/30/24.
5. National Comprehensive Cancer Network (NCCN). Drugs & Biologics Compendium [Internet]. Fort Washington (PA): National Comprehensive Cancer Network;2024[cited 2024 Aug 31]. Available from: http://www.nccn.org/professionals/drug_compendium/content/contents.asp/.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Policy Committee on 09/11/24.

GUIDELINE UPDATE INFORMATION:

06/15/21	New Medical Coverage Guideline.
07/01/21	Revision: Added HCPCS code C9078.
10/01/21	Revision: Added HCPCS code J1448 and removed codes C9078 and J3490.
08/15/22	Review and revision to guideline; consisting of updating references.
10/15/23	Review and revision to guideline; consisting of updating dosing and references.
10/15/24	Review and revision to guideline; consisting of updating references.