PHYSICIAN/PRACTICE LETTERHEAD

[Payer Name] [Date]
ATTN: [Contact Title/Medical Director]
[Contact Name (if available)]
[Payer Address] [City, State ZIP]

Re: Claims Appeal Letter for COSELA® (trilaciclib)
Patient: [Patient First and Last Name] Date of Birth: [MM/DD/YYYY]
Subscriber ID Number: [Insurance ID Number] Subscriber Group Number: [Insurance Group Number]
Case ID Number: [Case ID Number (if available)] Dates of Service: [Dates]

Dear [Contact Name/Medical Director]:

I am writing on behalf of my patient, [Name of Patient], to appeal [Name of Health Insurance Company]'s decision to deny coverage for COSELA (trilaciclib) for injection, which is prescribed 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. Based on your letter of denial dated [Date], that coverage has been denied for the following reason(s), [List the Specific Reason(s) for the Denial as Stated in the Denial Letter].

Patient History and Diagnosis

[Provide a Brief Description of the Patient's Medical Condition]

[Include a Short Summary of the Patient's Medical/Medication History]

[Explain why you believe it is Medically Necessary for the Patient to receive COSELA]

[Describe the Potential Consequences to the Patient if they do not receive COSELA]

[Include COSELA Indication Information]

[Include COSELA Administration Information]

Please see the accompanying enclosures and documentation demonstrating the medical necessity of COSELA. I would appreciate a prompt review of this information and authorization of COSELA. I can be reached at [provider phone number] or by fax at [provider fax number] for additional information and discussion. Thank you for your consideration.

Sincerely,

[Physician Signature]
[Physician Name and Credentials]

Enclosures: [List enclosures, which may include prescribing information, clinical notes/medical records, diagnostic test results, relevant peer-reviewed articles, relevant treatment guidelines, such as NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)/ASCO® myelosuppression guidelines, FDA approval letter, scans showing progressive disease, pathology reports].

REFERENCES

COSELA (trilaciclib). Prescribing information. Pharmacosmos Therapeutics Inc.; 2023.

Daniel D, Kuchava V, Bondarenko I, et al. Trilaciclib prior to chemotherapy and atezolizumab in patients with newly diagnosed extensive-stage small cell lung cancer: a multicentre, randomised, double-blind, placebo-controlled phase II trial. *Int J Cancer*. 2020;148(10):2557-2570. doi: 10.1002/ijc.33453

Hart LL, Ferrarotto R, Andric ZG, 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;38(1):350-365. doi: 10.1007/s12325-020-01538-0

NCCN Clinical Practice Guidelines in Oncology: Hematopoietic Growth Factors, V.3.2024. Accessed January 30, 2025. To view the most recent version, visit NCCN.org.

NCCN Clinical Practice Guidelines in Oncology: Small Cell Lung Cancer, Version 2.2025. Accessed January 30, 2025. To view the most recent version, visit NCCN.org.

Smith TJ, Bohlke K, Lyman G, et al. Recommendations for the use of WBC growth factors: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol*. 2015;33(28):3199-3212. doi: 10.1200/JCO.2015.62.3488

Weiss JM, Csoszi T, Maglakelidze M, et al. Myelopreservation with the CDK 4/6 inhibitor trilaciclib in patients with small cell lung cancer receiving first-line chemotherapy: a phase 1b/randomized phase 2 trial. *Ann Oncol.* 2019;30(10):1613-1621. doi: 10.1093/annonc/mdz278

This sample letter is for demonstration purposes only. It provides an example of the type of information that may be required when seeking an appeal of coverage denial from a patient's insurance company. Use of this template or the information in this template does not guarantee reimbursement or coverage. It is not intended to be a substitute for, or to influence, the independent clinical decision of the prescribing healthcare professional.