PHYSICIAN/PRACTICE LETTERHEAD

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

Re: Letter of Medical Necessity 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, [Patient First and Last Name], to document medical necessity for treatment with COSELA (trilaciclib) for injection. This letter provides information about my patient's medical history and diagnosis and a summary of [his/her] treatment plan.

[Patient Name] is [a/an] [age]-year-old [male/female] diagnosed with extensive-stage small cell lung cancer (ES-SCLC) as of [date]. [He/She] has been in my care since [date], having been referred to me by [Referring Physician Name] for [reason].

[Brief summary of relevant past medical history/prior therapies for SCLC, including a brief description of the patient's diagnosis, including the ICD-10-CM code, the severity of the patient's condition, prescribed drug names and doses, duration of and responses to therapy, disease relapses/recurrences, rationale for dose modifications/discontinuations as well as other factors, such as underlying health issues or advanced age].

[Brief summary of rationale for treatment with COSELA. This includes history of neutropenia and/or anemia with prior treatment(s), presence of chemotherapy-induced myelosuppression (CIM) risk factors [see prior authorization checklist for list of CIM risk factors], and/or other reasons].

On February 12th, 2021, the FDA approved COSELA 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. In addition, the National Comprehensive Cancer Network® (NCCN®) added trilaciclib as a prophylactic option to decrease the incidence of chemotherapy-induced myelosuppression when administered before certain treatment regimens for extensive-stage small cell lung cancer (ES-SCLC).*[1,2] The [insert name of Health System/Clinic] treatment plan for patients like [Patient First and Last Name] with ES-SCLC includes [Include treatment plan that includes COSELA and specify dosage, length of treatment]. [Consider adding any additional information that supports treatment with COSELA for this patient].

In summary, I believe COSELA is medically necessary for this patient. Please contact me at [Physician Phone Number] or via email at [Physician Email] if you require additional information to ensure the prompt approval of this request.

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].

*See the NCCN Guidelines for SCLC for detailed recommendations, including other prophylactic options.[2]

REFERENCES

1. 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.
2. 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.

RECOMMENDED SUPPORTING DOCUMENTS

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*. 2021;148(10):2557-2570. doi: 10.10002/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

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 requesting a formulary exception 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.