VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Colony Stimulating Factors – Pegfilgrastim Products Prior Authorization Policy

- **Neulasta**® (pegfilgrastim subcutaneous injection – Amgen)
- Fulphila™ (pegfilgrastim-jmdb subcutaneous injection – Mylan)
- Fylnetra® (pegfilgrastim-pbbk subcutaneous injection – Kashiv)
- Nyvepria™ (pegfilgrastim-apgf subcutaneous injection – Pfizer)
- Stimufend® (pegfilgrastim-fpgk subcutaneous injection – Fresenius Kabi)
- Udenyca® (pegfilgrastim-cbqv subcutaneous injection – Coherus)
- Ziextenzo™ (pegfilgrastim-bmez subcutaneous injection – Sandoz)

REVIEW DATE: 09/20/2023

OVERVIEW

Pegfilgrastim, a leukocyte growth factor, is indicated to **decrease the incidence of infection as manifested by febrile neutropenia**, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.[1-5,11,12]

Fulphila, Fylnetra, Nyvepria, Stimufend, Udenyca, and Ziextenzo are biosimilars to Neulasta.[1-5,11,12] Neulasta is additionally indicated to increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome).[1]

Guidelines

The National Comprehensive Cancer Network (NCCN) addresses the use of pegfilgrastim products in several guidelines.

- **Hematopoietic Cell Transplantation:** Guidelines (version 1.2023 – March 31, 2023) recommend pegfilgrastim for hematopoietic cell mobilization for autologous donors in combination with other treatments.[6] Currently, there is no recommendation for use of pegfilgrastim for stem cell mobilization in allogeneic donors.
- **Hematopoietic Growth Factors:** Guidelines (version 2.2023 – March 6, 2023) recommend pegfilgrastim, along with other colony stimulating factors (CSFs), for prophylactic use if the patient is receiving anti-cancer medications that are associated with a high (> 20%) incidence of severe neutropenia with fever.[7] Consider CSF therapy for patients with an intermediate (10% to 20%) probability of developing febrile neutropenia based on risk factors. The NCCN guidelines also recommend therapy with CSFs in other scenarios in those given myelosuppressive chemotherapy.

The American Society of Clinical Oncology clinical practice guidelines for the use of white blood cell growth factors (2015) recommends CSFs to reduce the risk of febrile neutropenia in patients receiving cancer chemotherapy.[8] CSFs may be considered in patients receiving radiation therapy alone if prolonged delays secondary to neutropenia are expected. The guidelines state CSFs should be avoided in patients receiving concomitant chemotherapy and radiation therapy, particularly involving the mediastinum.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of pegfilgrastim. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with pegfilgrastim as well as the monitoring required for adverse events and long-term efficacy, approval

requires pegfilgrastim to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of pegfilgrastim products is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Cancer in a Patient Receiving Myelosuppressive Chemotherapy**. Approve for 6 months if the patient meets the following (A and B):
   - **A)** Patient meets ONE of the following (i, ii, or iii):
     - **i.** Patient is receiving myelosuppressive anti-cancer medications that are associated with a high risk of febrile neutropenia (the risk is at least 20% based on the chemotherapy regimen); OR
     - **ii.** Patient meets both of the following (a and b):
       - **a)** Patient is receiving myelosuppressive anti-cancer medications that are associated with a risk of febrile neutropenia, but the risk is less than 20% based on the chemotherapy regimen; AND
       - **b)** Patient has at least one risk factor for febrile neutropenia according to the prescriber; OR
         Note: Examples of risk factors include age ≥ 65 years; prior chemotherapy or radiation therapy; persistent neutropenia; bone marrow involvement by tumor; recent surgery and/or open wounds; liver and/or renal dysfunction; poor performance status; or human immunodeficiency virus (HIV) infection.
     - **iii.** Patient meets both of the following (a and b):
       - **a)** Patient has had a neutropenic complication from prior chemotherapy and did not receive prophylaxis with a colony stimulating factor; AND
         Note: Examples of colony-stimulating factors include filgrastim products, pegfilgrastim products, and sargramostim products (e.g., Leukine).
       - **b)** A reduced dose or frequency of chemotherapy may compromise treatment outcome; AND
   - **B)** The medication is prescribed by or in consultation with an oncologist or hematologist.

2. **Radiation Syndrome (Hematopoietic Syndrome of Acute Radiation Syndrome).** Approve for 1 month if the agent is prescribed by or in consultation with a physician who has expertise in treating acute radiation syndrome.

Other Uses with Supportive Evidence

3. **Peripheral Blood Progenitor Cell Transplantation (PBPC) in Patients with Cancer.** Approve one dose if prescribed by or in consultation with an oncologist, a hematologist, or a physician who specializes in transplantation.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of pegfilgrastim products is not recommended in the following situations:

1. **Myelodysplastic Syndrome (MDS).** Only limited data report use of pegfilgrastim for patients with MDS.[9] Guidelines from the NCCN for MDS (version 1.2023 – September 12, 2022) do not mention use of pegfilgrastim in this patient population.[10]

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Neulasta® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; March 2021.
2. Fulphila® subcutaneous injection [prescribing information]. Rockford, IL: Mylan; October 2021.
3. Udenyca® subcutaneous injection [prescribing information]. Redwood City, CA: Coherus BioSciences; March 2023.
4. Ziextenzo™ subcutaneous injection [prescribing information]. Princeton, NJ: Sandoz; March 2021.
5. Nyvepria™ subcutaneous injection [prescribing information]. New York, NY: Pfizer; June 2023.
6. The NCCN Hematopoietic Cell Transplantation Clinical Practice Guidelines in Oncology (version 1.2023 – March 31, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on September 7, 2023.
7. The NCCN Hematopoietic Growth Factors Clinical Practice Guidelines in Oncology (version 2.2023 – March 6, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on September 7, 2023.
8. Smith TJ, Bohlke K, Lyman GH, Carson KR, 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.
9. Jakob A, Hirsch FW, Engelhardt M. Successful treatment of a patient with myelodysplastic syndrome (RAEB) with darbepoetin alfa in combination with pegfilgrastim. *Ann Hematol*. 2005;84(10):694-695.
10. The NCCN Myelodysplastic Syndromes Clinical Practice Guidelines in Oncology (version 1.2023 – September 12, 2022). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on September 7, 2023.
11. Fylnetra® subcutaneous injection [prescribing information]. Piscataway, NJ: Kashiv; May 2022.
12. Stimufend® subcutaneous injection [prescribing information]. Lake Zurich, IL: Fresenius Kabi; September 2022.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	08/31/2022
Selected Revision	Fylnetra, a biosimilar to Neulasta, was added to the policy.	10/05/2022
Selected Revision	Stimufend, a biosimilar to Neulasta, was added to the policy.	01/04/2023
Annual Revision	No criteria changes.	09/20/2023