

Reference number(s)
1931-A

SPECIALTY GUIDELINE MANAGEMENT

NEULASTA (pegfilgrastim) FULPHILA (pegfilgrastim-jmdp) UDENYCA (pegfilgrastim-cbqv) ZIEXTENZO (pegfilgrastim-bmez)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication

Neulasta

1. Patients with Cancer Receiving Myelosuppressive Chemotherapy
Neulasta 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.
2. Hematopoietic Syndrome of Acute Radiation Syndrome
Neulasta is indicated to increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome).

Fulphila

Patients with Cancer Receiving Myelosuppressive Chemotherapy
Fulphila 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

Udenyca

Patients with Cancer Receiving Myelosuppressive Chemotherapy
Udenyca 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.

Ziextenzo

Patients with Cancer Receiving Myelosuppressive Chemotherapy
Ziextenzo 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.

Limitations of Use: Ziextenzo is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

B. Compendial Use

Neulasta and pegfilgrastim biosimilars 1931-A SGM P2019b

© 2020 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Reference number(s)
1931-A

1. Stem cell transplantation-related indications
2. Prophylaxis for chemotherapy-induced febrile neutropenia in patients with solid tumors
3. Radiation therapy/injury
4. Hairy cell leukemia
5. Chronic Myeloid Leukemia (CML), treatment of resistant neutropenia due to tyrosine kinases inhibitor therapy

All other indications are considered experimental/investigational and are not a covered benefit.

II. REQUIRED DOCUMENTATION

Primary Prophylaxis of Febrile Neutropenia

Documentation must be provided of the member's diagnosis and chemotherapeutic regimen.

III. CRITERIA FOR INITIAL APPROVAL

A. Prevention of neutropenia in cancer patients receiving myelosuppressive chemotherapy^{1-6,14}

Authorization of 6 months may be granted for prevention of febrile neutropenia when all of the following criteria are met (1, 2, 3, and 4):

1. The requested medication will not be used in combination with other colony stimulating factors within any chemotherapy cycle.
2. The member will not be receiving concurrent chemotherapy and radiation therapy.
3. The requested medication will not be administered with weekly chemotherapy regimens.
4. One of the following criteria is met (i or ii):
 - i. The requested medication will be used for primary prophylaxis in members with a solid tumor or non-myeloid malignancies who have received, are currently receiving, or will be receiving myelosuppressive anti-cancer therapy that is expected to result in 20% or higher incidence of FN (*See Appendix A*) OR 10 – 19% risk of FN (*See Appendix B*).
 - ii. The requested medication will be used for secondary prophylaxis in members with solid tumors or non-myeloid malignancies who experienced a febrile neutropenic complication or a dose-limiting neutropenic event (a nadir or day of treatment count impacting the planned dose of chemotherapy) from a prior cycle of similar chemotherapy, with the same dose and scheduled planned for the current cycle (for which primary prophylaxis was not received).

B. Other indications

Authorization of 6 months may be granted for members with any of the following indications:

1. Stem cell transplantation-related indications
2. Radiation therapy/injury
 - i. Manage neutropenia in members acutely exposed to myelosuppressive doses of radiation therapy
 - ii. Treatment of radiation injury
3. Hairy cell leukemia
Individuals with hairy cell leukemia with neutropenic fever following chemotherapy.
4. Chronic Myeloid Leukemia
Individuals with Chronic Myeloid Leukemia (CML) for treatment of resistant neutropenia due to tyrosine kinase inhibitor therapy

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

Reference number(s)
1931-A

V. APPENDIX

A. APPENDIX A: Selected Chemotherapy Regimens with an Incidence of Febrile Neutropenia of 20% or Higher

1. Acute Lymphoblastic Leukemia:
Select ALL regimens as directed by treatment protocol (see NCCN guidelines)
2. Bladder Cancer:
 - a. Dose dense MVAC (methotrexate, vinblastine, doxorubicin, cisplatin)
 - b. CBDCa/Pac (carboplatin, paclitaxel)
3. Bone Cancer
 - a. VAI (vincristine, doxorubicin or dactinomycin, ifosfamide)
 - b. VDC-IE (vincristine, doxorubicin or dactinomycin, and cyclophosphamide alternating with ifosfamide and etoposide)
 - c. Cisplatin/doxorubicin
 - d. VDC (cyclophosphamide, vincristine, doxorubicin or dactinomycin)
 - e. VIDE (vincristine, ifosfamide, doxorubicin or dactinomycin, etoposide)
4. Breast Cancer:
 - a. Docetaxel + trastuzumab
 - b. Dose-dense AC (doxorubicin, cyclophosphamide) + paclitaxel (or dose dense paclitaxel)
 - c. TAC (docetaxel, doxorubicin, cyclophosphamide)
 - d. AT (doxorubicin, docetaxel)
 - e. Doc (docetaxel)
 - f. TC (docetaxel, cyclophosphamide)
 - g. TCH (docetaxel, carboplatin, trastuzumab)
5. Colorectal Cancer:
FOLFOXIRI (fluorouracil, leucovorin, oxaliplatin, irinotecan)
6. Esophageal and Gastric Cancers:
Docetaxel/cisplatin/fluorouracil
7. Head and Neck Squamous Cell Carcinoma
TPF (docetaxel, cisplatin, fluorouracil)
8. Hodgkin Lymphoma:
 - a. Brentuximab vedotin + AVD (doxorubicin, vinblastine, dacarbazine)
 - b. Escalated BEACOPP (bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, prednisone)
9. Kidney Cancer:
Doxorubicin/gemcitabine
10. Non-Hodgkin's Lymphoma:
 - a. Dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin)
 - b. ICE (ifosfamide, carboplatin, etoposide)
 - c. Dose-dense CHOP-14 (cyclophosphamide, doxorubicin, vincristine, prednisone) + rituximab
 - d. MINE (mesna, ifosfamide, novantrone, etoposide)
 - e. DHAP (dexamethasone, cisplatin, cytarabine)
 - f. ESHAP (etoposide, methylprednisolone, cisplatin, cytarabine (Ara-C))
 - g. HyperCVAD + rituximab (cyclophosphamide, vincristine, doxorubicin, dexamethasone + rituximab)
 - h. VAPEC-B (vincristine, doxorubicin, prednisolone, etoposide, cyclophosphamide, bleomycin)
11. Melanoma:
Dacarbazine-based combination with IL-2, interferon alpha (dacarbazine, cisplatin, vinblastine, IL-2, interferon alpha)
12. Multiple myeloma:
 - a. DT-PACE (dexamethasone/ thalidomide/ cisplatin/ doxorubicin/ cyclophosphamide/ etoposide) + bortezomib (VTD-PACE)
 - b. DT-PACE (dexamethasone/thalidomide/cisplatin/doxorubicin/cyclophosphamide/etoposide)

Reference number(s)
1931-A

13. Ovarian Cancer:
 - a. Topotecan
 - b. Docetaxel
14. Pancreatic Cancer:
FOLFIRINOX (fluorouracil, leucovorin, irinotecan, oxaliplatin)
15. Soft Tissue Sarcoma:
 - a. MAID (mesna, doxorubicin, ifosfamide, dacarbazine)
 - b. Doxorubicin
 - c. Ifosfamide/doxorubicin
16. Small Cell Lung Cancer:
 - a. Top (topotecan)
 - b. CAV (cyclophosphamide, doxorubicin, vincristine)
17. Testicular cancer:
 - a. VeIP (vinblastine, ifosfamide, cisplatin)
 - b. VIP (etoposide, ifosfamide, cisplatin)
 - c. TIP (paclitaxel, ifosfamide, cisplatin)

B. APPENDIX B: Selected Chemotherapy Regimens with an Incidence of Febrile Neutropenia of 10% to 19%

1. Occult primary – adenocarcinoma:
Gemcitabine/docetaxel
2. Breast cancer:
 - a. Docetaxel
 - b. CMF classic (cyclophosphamide, methotrexate, fluorouracil)
 - c. CA (doxorubicin, cyclophosphamide) (60 mg/m²) (hospitalized)
 - d. AC (doxorubicin, cyclophosphamide) + sequential docetaxel (taxane portion only)
 - e. AC + sequential docetaxel + trastuzumab
 - f. A (doxorubicin) (75 mg/m²)
 - g. AC (doxorubicin, cyclophosphamide)
 - h. CapDoc (capecitabine, docetaxel)
 - i. Paclitaxel every 21 days
3. Cervical Cancer:
 - a. Irinotecan
 - b. Cisplatin/topotecan
 - c. Paclitaxel/cisplatin
 - d. Topotecan
4. Colorectal:
 - a. FL (fluorouracil, leucovorin)
 - b. CPT-11 (irinotecan) (350 mg/m² q 3 wk)
 - c. FOLFOX (fluorouracil, leucovorin, oxaliplatin)
5. Esophageal and Gastric Cancers:
 - a. Irinotecan/cisplatin
 - b. Epirubicin/cisplatin/fluorouracil
 - c. Epirubicin/cisplatin/capecitabine
6. Non-Hodgkin's lymphomas:
 - a. EPOCH-IT chemotherapy
 - b. GDP (gemcitabine, dexamethasone, cisplatin/carboplatin)
 - c. GDP (gemcitabine, dexamethasone, cisplatin/carboplatin) + rituximab
 - d. FMR (fludarabine, mitoxantrone, rituximab)
 - e. CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) including regimens with pegylated liposomal doxorubicin

Reference number(s)
1931-A

- f. CHOP + rituximab (cyclophosphamide, doxorubicin, vincristine, prednisone, rituximab) including regimens with pegylated liposomal doxorubicin
- g. CHP (cyclophosphamide, doxorubicin, prednisone) + brentuximab vedotin
- h. Bendamustine
- 7. Non-Small Cell Lung Cancer:
 - a. Cisplatin/paclitaxel
 - b. Cisplatin/vinorelbine
 - c. Cisplatin/docetaxel
 - d. Cisplatin/etoposide
 - e. Carboplatin/paclitaxel
 - f. Docetaxel
- 8. Ovarian cancer: Carboplatin/docetaxel
- 9. Prostate cancer: Cabazitaxel
- 10. Small Cell Lung Cancer: Etoposide/carboplatin
- 11. Testicular Cancer:
 - a. BEP (bleomycin, etoposide, cisplatin)
 - b. Etoposide/cisplatin
- 12. Uterine sarcoma: Docetaxel

VI. REFERENCES

1. Neulasta [package insert]. Thousand Oaks, CA: Amgen Inc.; April 2019.
2. Fulphila [package insert]. Zurich, Switzerland: Mylan; May 2019.
3. Udenyca [package insert]. Redwood City, California: Coherus BioSciences, Inc: September 2019.
4. Ziextenzo [package insert]. Princeton, NJ: Sandoz Inc.; November 2019.
5. The NCCN Drugs & Biologics Compendium® © 2019 National Comprehensive Cancer Network, Inc. Available at: <https://www.nccn.org> Accessed January 14, 2020.
6. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Hematopoietic Growth Factors. Version 1.2020. https://www.nccn.org/professionals/physician_gls/pdf/growthfactors.pdf Accessed January 14, 2020.
7. IBM Micromedex® DRUGDEX ® (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at <https://www.micromedexsolutions.com> (Accessed: 06/12/2019).
8. Apro MS, Bohlius J, Cameron DA, et al. 2010 update of EORTC guidelines for the use of granulocyte-colony stimulating factor to reduce the incidence of chemotherapy-induced febrile neutropenia in adult patients with lymphoproliferative disorders and solid tumors. *Eur J Cancer*. 2011;47(1):8-32.
9. Smith TJ, Bohlke K, Lyman GH, et al. Recommendations for the use of white blood cell growth factors: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol*. 2015;33(28):3199-3212.
10. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Hairy Cell Leukemia. Version 3.2019. https://www.nccn.org/professionals/physician_gls/pdf/hairy_cell.pdf Accessed June 14, 2019.
11. Smith TJ, Khatcheressian J, Lyman GH, et al. 2006 update of recommendations for the use of white blood cell growth factors: an evidence-based clinical practice guideline. *J Clin Oncol*. 2006;24(19):3187-3205.

Reference number(s)
1931-A

12. NCCN hematopoietic growth factors. Short-term recommendations specific to issues with COVID-19 SARS-CoV-2). National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org/covid-19/pdf/HGF_COVID-19.pdf. Accessed April 16, 2020.