

# Specialty Guideline Management

## Ryzneuta

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Ryzneuta	efbemalenograstim alfa-vuxw

### 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.

#### FDA-approved Indications

Ryzneuta is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in adult patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

#### Compendial Uses

- Stem cell transplantation-related indications
- Prophylaxis for chemotherapy-induced febrile neutropenia in patients with solid tumors
- Hematopoietic acute radiation syndrome
- Hairy cell leukemia, neutropenic fever

All other indications are considered experimental/investigational and not medically necessary.

### Documentation

Reference number(s)
6257-A

## Primary Prophylaxis of Febrile Neutropenia

- Documentation must be provided of the member's diagnosis and chemotherapeutic regimen.
- If chemotherapeutic regimen has a low or intermediate risk of febrile neutropenia (less than 20%), documentation must be provided outlining the member's risk factors that confirm the member is at high risk for febrile neutropenia.

## Coverage Criteria

### Prevention of Neutropenia in Cancer Patients Receiving Myelosuppressive Chemotherapy

Authorization of 6 months may be granted for prevention of febrile neutropenia when all of the following criteria are met:

- The requested medication will not be used in combination with other colony stimulating factors within any chemotherapy cycle.
- The member will not receive chemotherapy at the same time as they receive radiation therapy.
- The requested medication will not be administered with weekly chemotherapy regimens.
- One of the following criteria is met:
  - 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 any of the following:
    - Myelosuppressive anti-cancer therapy that is expected to result in 20% or higher incidence of febrile neutropenia (FN) (See Appendix A).
    - Myelosuppressive anti-cancer therapy that is expected to result in 10 – 19% risk of FN (See Appendix B) and who are considered to be at high risk of FN because of bone marrow compromise, co-morbidities, or other patient specific risk factors (See Appendix C).
    - Myelosuppressive anti-cancer therapy that is expected to result in less than 10% risk of FN and who have at least 2 patient-related risk factors (See Appendix C).
  - 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).

### Other Indications

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

- Stem cell transplantation-related indications
  - Hematopoietic Acute Radiation Syndrome
- Treatment for radiation-induced myelosuppression following a radiological/nuclear incident

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- Hairy cell leukemia  
Members with hairy cell leukemia with neutropenic fever following chemotherapy

## Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the coverage criteria.

## Appendix

### Appendix A: Selected Chemotherapy Regimens with an Incidence of Febrile Neutropenia of 20% or Higher

This list is not comprehensive; there are other agents/regimens that have an intermediate/high risk for development of febrile neutropenia.

#### Acute Lymphoblastic Leukemia

Select ALL regimens as directed by treatment protocol (see NCCN guidelines ALL)

#### Bladder Cancer

Dose dense MVAC (methotrexate, vinblastine, doxorubicin, cisplatin)

#### Bone Cancer

- VAIA (vincristine, doxorubicin, ifosfamide, and dactinomycin)
- VDC-IE (vincristine, doxorubicin or dactinomycin, and cyclophosphamide alternating with ifosfamide and etoposide)
- Cisplatin/doxorubicin
- VDC (cyclophosphamide, vincristine, doxorubicin or dactinomycin)
- VIDE (vincristine, ifosfamide, doxorubicin or dactinomycin, etoposide)

#### Breast Cancer

- Dose-dense AC (doxorubicin, cyclophosphamide) followed by dose-dense paclitaxel
- TAC (docetaxel, doxorubicin, cyclophosphamide)
- TC (docetaxel, cyclophosphamide)
- TCH (docetaxel, carboplatin, trastuzumab)

#### Head and Neck Squamous Cell Carcinoma

TPF (docetaxel, cisplatin, 5-fluorouracil)

#### Hodgkin Lymphoma

- Brentuximab vedotin + AVD (doxorubicin, vinblastine, dacarbazine)

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- Escalated BEACOPP (bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, prednisone)

## Kidney Cancer

Doxorubicin/gemcitabine

## Non-Hodgkin's Lymphoma

- CHP (cyclophosphamide, doxorubicin, prednisone) + brentuximab vedotin
- Dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) ± rituximab
- ICE (ifosfamide, carboplatin, etoposide) ± rituximab
- Dose-dense CHOP-14 (cyclophosphamide, doxorubicin, vincristine, prednisone) ± rituximab
- MINE (mesna, ifosfamide, mitoxantrone, etoposide) ± rituximab
- DHAP (dexamethasone, cisplatin, cytarabine) ± rituximab
- ESHAP (etoposide, methylprednisolone, cisplatin, cytarabine) ± rituximab
- HyperCVAD ± rituximab (cyclophosphamide, vincristine, doxorubicin, dexamethasone ± rituximab)
- Pola-R-CHP (polatuzumab vedotin-piiq, rituximab, cyclophosphamide, doxorubicin, prednisone)

## Melanoma

Dacarbazine-based combination with IL-2, interferon alpha (dacarbazine, cisplatin, vinblastine, IL-2, interferon alfa)

## Multiple Myeloma

- VTD-PACE (dexamethasone/thalidomide/cisplatin/doxorubicin/cyclophosphamide/etoposide + bortezomib)
- DT-PACE (dexamethasone/thalidomide/cisplatin/doxorubicin/cyclophosphamide/etoposide)

## Ovarian Cancer

- Topotecan ± bevacizumab
- Docetaxel

## Soft Tissue Sarcoma

- MAID (mesna, doxorubicin, ifosfamide, dacarbazine)
- Doxorubicin
- Ifosfamide/doxorubicin

## Small Cell Lung Cancer

Topotecan

## Testicular Cancer

- VelP (vinblastine, ifosfamide, cisplatin)
- VIP (etoposide, ifosfamide, cisplatin)
- TIP (paclitaxel, ifosfamide, cisplatin)

## Gestational Trophoblastic Neoplasia

- EMA/CO (etoposide, methotrexate, dactinomycin/cyclophosphamide, vincristine)
- EMA/EP (etoposide, methotrexate, dactinomycin/etoposide, cisplatin)
- EP/EMA (etoposide, cisplatin/etoposide, methotrexate, dactinomycin)

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- TP/TE (paclitaxel, cisplatin/paclitaxel, etoposide)
- BEP (bleomycin, etoposide, cisplatin)
- VIP (etoposide, ifosfamide, cisplatin)
- ICE (ifosfamide, carboplatin, etoposide)

## Wilms Tumor

- Regimen M (vincristine, dactinomycin, doxorubicin, cyclophosphamide, etoposide)
- Regimen I (vincristine, doxorubicin, cyclophosphamide, etoposide)

Applies to chemotherapy regimens with or without monoclonal antibodies (e.g., trastuzumab, rituximab)

## Appendix B: Selected Chemotherapy Regimens with an Incidence of Febrile Neutropenia of 10% to 19%

This list is not comprehensive; there are other agents/regimens that have an intermediate/high risk for development of febrile neutropenia.

### Occult Primary – Adenocarcinoma

Gemcitabine/docetaxel

### Breast Cancer

- Docetaxel ± trastuzumab
- AC (doxorubicin, cyclophosphamide) + sequential docetaxel (taxane portion only)
- AC + sequential docetaxel + trastuzumab
- Paclitaxel every 21 days ± trastuzumab
- TC (docetaxel, cyclophosphamide)

### Cervical Cancer

- Irinotecan
- Cisplatin/topotecan
- Paclitaxel/cisplatin ± bevacizumab
- Topotecan

### Colorectal Cancer

FOLFIRINOX (fluorouracil, leucovorin, oxaliplatin, irinotecan)

### Esophageal and Gastric Cancers

Irinotecan/cisplatin

### Non-Hodgkin's Lymphomas

- GDP (gemcitabine, dexamethasone, cisplatin/carboplatin)
- GDP (gemcitabine, dexamethasone, cisplatin/carboplatin) + rituximab
- CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) including regimens with pegylated liposomal doxorubicin

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- CHOP + rituximab (cyclophosphamide, doxorubicin, vincristine, prednisone, rituximab) including regimens with pegylated liposomal doxorubicin
- Bendamustine

## Non-Small Cell Lung Cancer

- Cisplatin/paclitaxel
- Cisplatin/vinorelbine
- Cisplatin/docetaxel
- Cisplatin/etoposide
- Carboplatin/paclitaxel
- Docetaxel

## Ovarian Cancer

Carboplatin/docetaxel

## Pancreatic Cancer

FOLFIRINOX (fluorouracil, leucovorin, oxaliplatin, irinotecan)

## Prostate Cancer

Cabazitaxel

## Small Cell Lung Cancer

Etoposide/carboplatin

## Testicular Cancer

- BEP (bleomycin, etoposide, cisplatin)
- Etoposide/cisplatin

## Uterine Sarcoma

Docetaxel

Applies to chemotherapy regimens with or without monoclonal antibodies (e.g., trastuzumab, rituximab)

## Appendix C: Patient Risk Factors

This list is not all-inclusive.

- Active infections, open wounds, or recent surgery
- Age greater than or equal to 65 years
- Bone marrow involvement by tumor producing cytopenias
- Previous chemotherapy or radiation therapy
- Poor nutritional status
- Poor performance status
- Previous episodes of FN
- Other serious co-morbidities, including renal dysfunction, liver dysfunction, HIV infection, cardiovascular disease

- Persistent neutropenia

## References

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