Colony Stimulating Factors – Pegfilgrastim: Neulasta®; Fulphila®; Udenyca®; Ziextenzo®; Nyvepria™; Fylnetra®; Stimufend®
(Subcutaneous)

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I. Length of Authorization [1-7,14-19]

- Bone marrow transplantation (BMT) failure or engraftment delay: Coverage will be provided for 1 dose only and may not be renewed.
- Peripheral blood progenitor cell (PBPC) mobilization and transplant: Coverage will be provided for 1 dose only and may not be renewed.
- All other indications: Coverage will be provided for four months and may be renewed unless otherwise specified.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Neulasta 6 mg single-dose prefilled syringe: 1 syringe per 14 days
- Neulasta 6 mg single-dose prefilled syringe Onpro kit: 1 kit per 14 days
- Fulphila 6 mg single-dose prefilled syringe: 1 syringe per 14 days
- Udenyca 6 mg single-dose prefilled syringe: 1 syringe per 14 days
- Udenyca 6 mg single-dose prefilled autoinjector: 1 autoinjector per 14 days
- Ziextenzo 6 mg single-dose prefilled syringe: 1 syringe per 14 days
- Nyvepria 6 mg single-dose prefilled syringe: 1 syringe per 14 days
- Fylnetra 6 mg single-dose prefilled syringe: 1 syringe per 14 days
- Stimufend 6 mg single-dose prefilled syringe: 1 syringe per 14 days

B. Max Units (per dose and over time) [HCPCS Unit]:

Acute Radiation Exposure

- 12 billable units weekly x 2 doses

BMT failure or engraftment delay/ PBPC mobilization and transplant

- 12 billable units x 1 dose

All other indications:

- 12 billable units per 14 days

III. Initial Approval Criteria

Commercial and Essential
• Under the Pharmacy benefit, Udenyca and Neulasta are Independent Health's preferred pegfilgrastim products. Any requests for any other pegfilgrastim product (i.e. Fulphila, Fylnetra, Nyvepria, Stimufend, Ziextenzo) are reviewed by the plan, Independent Health. • Under the Medical benefit, Udenyca and Neulasta are Independent Health's preferred pegfilgrastim products. Any requests for any other pegfilgrastim product (i.e. Fulphila, Fylnetra Nyvepria, Stimufend, Ziextenzo) the patient must have tried and failed to respond to Udenyca AND Neulasta or the provider must give clinical rationale as to why they are not appropriate.
Medisource and Child Health Plus
• Under the Pharmacy benefit *(applies to Child Health Plus plans only)*, Fulphila and Udenyca are Independent Health's preferred pegfilgrastim products. Any requests for any other pegfilgrastim product (i.e. Neulasta, Nyvepria, Fylnetra, Stimufend, Ziextenzo) are reviewed by the plan, Independent Health. • Under the Medical benefit, Fulphila and Udenyca are Independent Health's preferred pegfilgrastim products. Any requests for any other pegfilgrastim product (i.e. Neulasta, Nyvepria, Fylnetra, Stimufend, Ziextenzo) the patient must have tried and failed to respond to Fulphila AND Udenyca or the provider must give clinical rationale as to why they are not appropriate.

Coverage is provided in the following conditions:

Prophylactic use in patients with solid tumors or non-myeloid malignancy † [1-12,20,22-28]

- Patient is undergoing myelosuppressive chemotherapy with an expected incidence of febrile neutropenia* of greater than 20% §; **OR**
- Patient is undergoing myelosuppressive chemotherapy with an expected incidence of febrile neutropenia* of 10% to 20% § **AND** one or more of the following co-morbidities:
  - Age >65 years receiving full dose intensity chemotherapy
  - Extensive prior exposure to chemotherapy
  - Previous exposure of pelvis, or other areas of large amounts of bone marrow, to radiation
  - Persistent neutropenia (ANC ≤ 1000/mm^3)
  - Bone marrow involvement by tumor
  - Patient has a condition that can potentially increase the risk of serious infection (i.e., HIV/AIDS with low CD4 counts)

- Recent surgery and/or open wounds
- Poor performance status
- Renal dysfunction (creatinine clearance <50 mL/min)
- Liver dysfunction (elevated bilirubin >2.0 mg/dL)
- Chronic immunosuppression in the post-transplant setting, including organ transplant

Note: Dose-dense therapy, in general, requires growth factor support to maintain dose intensity and schedule. In the palliative setting, consideration should be given to dose reduction or change in regimen.

Patient who experience a neutropenic complication from a prior cycle of the same chemotherapy ‡ [9,10]

Note: Dose-dense therapy, in general, requires growth factor support to maintain dose intensity and schedule. In the palliative setting, consideration should be given to dose reduction or change in regimen.

Patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Acute Radiation Syndrome [H-ARS]) † Φ [1,3,9,10]

Bone marrow transplantation (BMT) failure or engraftment delay ‡ [14-18]

Peripheral blood progenitor cell (PBPC) mobilization and transplant ‡ [9]

Wilms Tumor (Nephroblastoma) ‡ [9]

- Patient has favorable histology disease; **AND**
- Used in combination with a cyclophosphamide-based chemotherapy regimen (i.e., Regimen M or I only)

† FDA-labeled indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

§ Febrile neutropenia is defined as: [10]
– Temperature: a single temperature ≥38.3 °C orally or ≥38.0 °C over 1 hour; **AND** – Neutropenia: <500 neutrophils/mcL or <1,000 neutrophils/mcL and a predicted decline to ≤500 neutrophils/mcL over the next 48 hours
§ Expected incidence of febrile neutropenia percentages for myelosuppressive chemotherapy regimens can be found in the NCCN Hematopoietic Growth Factors Clinical Practice Guideline at NCCN.org [10]

IV. Renewal Criteria [1-7,14-19]

Note: Coverage for use in BMT failure or engraftment delay and PBPC mobilization and transplant may NOT be renewed.

Coverage for all other indications can be renewed based upon the following criteria:

- Patient continues to meet indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: splenic rupture, acute respiratory distress syndrome (ARDS), serious allergic reactions/anaphylaxis, sickle cell crisis, glomerulonephritis, leukocytosis, thrombocytopenia, capillary leak syndrome, potential for tumor growth stimulation of malignant cells, aortitis, myelodysplastic syndrome and acute myeloid leukemia in patients with breast and lung cancer, etc.

V. Dosage/Administration [1-7,14-19]

Indication	Dose
Prophylactic use in patients with non-myeloid malignancy Patient who experienced a neutropenic complication from a prior cycle of the same chemotherapy Wilms Tumor (Nephroblastoma)	• 6 mg subcutaneously once per chemotherapy cycle and dosed no more frequently than every 14 days • For pediatric patients weighing <45 kg: – <10 kg = 0.1 mg/kg – 10-20 kg = 1.5 mg – 21-30 kg = 2.5 mg – 31-44 kg = 4 mg
Acute Radiation Exposure (Hematopoietic Acute Radiation Syndrome)	• 6 mg subcutaneously weekly x 2 doses • For pediatric patients weighing <45 kg: – <10 kg = 0.1 mg/kg – 10-20 kg = 1.5 mg – 21-30 kg = 2.5 mg – 31-44 kg = 4 mg
BMT failure or engraftment delay PBPC mobilization and transplant	6 mg subcutaneously for 1 dose only

*Do not administer within 14 days before and 24 hours after administration of cytotoxic chemotherapy.
*Onpro On-body Injector may be applied on the same day as chemotherapy as long as the Neulasta is administered no less than 24 hours after administration of chemotherapy. Not recommended for use in patients with acute radiation exposure or in pediatric patients.

VI. Billing Code/Availability Information

HCPCS Code:

- J2506 – Injection, pegfilgrastim, excludes biosimilar, 0.5 mg; 1 billable unit = 0.5 mg *(Neulasta only)*
- Q5108 – Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg; 1 billable unit = 0.5 mg
- Q5111 – Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg; 1 billable unit = 0.5 mg
- Q5120 – Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo), 0.5 mg; 1 billable unit = 0.5 mg
- Q5122 – Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg; 1 billable unit = 0.5 mg
- J3590 – Unclassified biologics *(Fylnetra and Stimufend only) (Discontinue use on 04/01/2023)*
- Q5127 – Injection, pegfilgrastim-fpgk, biosimilar, (Stimufend), 0.5 mg; 1 billable unit = 0.5 mg *(Effective 04/01/2023)*
- Q5130 – Injection, pegfilgrastim-pbbk, biosimilar, (Fylnetra), 0.5 mg; 1 billable unit = 0.5 mg *(Effective 04/01/2023)*

NDC:

- Neulasta 6 mg single-dose prefilled syringe: 55513-0190-xx
- Neulasta 6 mg single-dose prefilled syringe Onpro Kit: 55513-0192-xx
- Fulphila 6 mg single-dose prefilled syringe: 67457-0833-xx
- Udenyca 6 mg single-dose prefilled syringe: 70114-0101-xx
- Udenyca 6 mg single-dose prefilled autoinjector: 70114-0201-xx
- Ziextenzo 6 mg single-dose prefilled syringe: 61314-0866-xx
- Nyvepria 6 mg single-dose prefilled syringe: 00069-0324-xx
- Fylnetra 6 mg single-dose prefilled syringe: 70121-1627-xx
- Stimufend 6 mg single-dose prefilled syringe: 65219-0371-xx

VII. References

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9. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) pegfilgrastim. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2023.
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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
D61.81	Pancytopenia
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.9	Neutropenia, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs sequela
T66.XXXA	Radiation sickness, unspecified, initial encounter
T66.XXXD	Radiation sickness, unspecified, subsequent encounter
T66.XXXS	Radiation sickness, unspecified, sequela
W88.1	Exposure to radioactive isotopes
W88.8	Exposure to other ionizing radiation
Z41.8	Encounter for other procedures for purposes other than remedying health state
Z48.290	Encounter for aftercare following bone marrow transplant
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy
Z51.89	Encounter for other specified aftercare
Z52.011	Autologous donor, stem cells
Z52.091	Other blood donor, stem cells
Z76.89	Persons encountering health services in other specified circumstances
Z94.81	Bone marrow transplant status
Z94.84	Stem cells transplant status

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA):

Jurisdiction(s): N (9)	**NCD/LCD/LCA Document (s):** A57725
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a57725&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP	

Jurisdiction(s): J, M	**NCD/LCD/LCA Document (s):** A56748
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a56748&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP	

Jurisdiction(s): J, M	**NCD/LCD/LCA Document (s):** A54682
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a54682&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP	

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC