



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Neupogen and filgrastim biosimilars Page: 1 of 12

Effective Date: 1/29/2024 Last Review Date: 12/2023

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
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Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Neupogen and filgrastim biosimilars under the patient's prescription drug benefit.

Description:

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 Indications

Neupogen

1. Patients with Cancer Receiving Myelosuppressive Chemotherapy
Neupogen 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 significant incidence of severe neutropenia with fever.
2. Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy
Neupogen is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).
3. Patients with Cancer Undergoing Bone Marrow Transplantation
Neupogen is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (e.g., febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by marrow transplantation.
4. Patients Undergoing Autologous Peripheral Blood Progenitor Cell Collection and Therapy
Neupogen is indicated for the mobilization of autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.
5. Patients With Severe Chronic Neutropenia



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Neupogen is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

6. Patients Acutely Exposed to Myelosuppressive Doses of Radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)

Neupogen is indicated to increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome).

Nivestym

1. Patients with Cancer Receiving Myelosuppressive Chemotherapy

Nivestym 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 significant incidence of severe neutropenia with fever.

2. Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy

Nivestym is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).

3. Patients with Cancer Undergoing Bone Marrow Transplantation (BMT)

Nivestym is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (e.g., febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation.

4. Patients Undergoing Autologous Peripheral Blood Progenitor Cell Collection and Therapy

Nivestym is indicated for the mobilization of autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.

5. Patients With Severe Chronic Neutropenia

Nivestym is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in



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symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

Granix

Granix is indicated to reduce the duration of severe neutropenia in adult and pediatric patients 1 month and older with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

Zarxio

- 1. Patients with Cancer Receiving Myelosuppressive Chemotherapy**
Zarxio 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 significant incidence of severe neutropenia with fever.
- 2. Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy**
Zarxio is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).
- 3. Patients with Cancer Undergoing Bone Marrow Transplantation**
Zarxio is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (e.g., febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation.
- 4. Patients Undergoing Autologous Peripheral Blood Progenitor Cell Collection and Therapy**
Zarxio is indicated for the mobilization of autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.
- 5. Patients With Severe Chronic Neutropenia**
Zarxio is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.



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Releuko

1. Patients with Cancer Receiving Myelosuppressive Chemotherapy
Releuko 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 significant incidence of severe neutropenia with fever.
2. Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy
Releuko is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).
3. Patients with Cancer Undergoing Bone Marrow Transplantation
Releuko is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (e.g., febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation.
4. Patients With Severe Chronic Neutropenia
Releuko is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

B. Compendial Uses

1. Treatment of chemotherapy-induced febrile neutropenia
2. Prophylaxis for chemotherapy-induced febrile neutropenia in patients with solid tumors
3. Treatment of anemia and neutropenia in patients with myelodysplastic syndromes (MDS)
4. Stem cell transplantation-related indications
5. Agranulocytosis (non-chemotherapy drug induced)
6. Aplastic anemia
7. Neutropenia related to HIV/AIDS
8. Neutropenia related to renal transplantation
9. Acute myeloid leukemia
10. Severe chronic neutropenia (congenital, cyclic, or idiopathic)



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11. Hematopoietic Syndrome of Acute Radiation Syndrome
12. Supportive care for neutropenic patients with CAR T-cell-related toxicities
13. Hairy Cell Leukemia, neutropenic fever
14. Chronic Myeloid Leukemia, treatment of persistent neutropenia due to tyrosine kinase inhibitor therapy
15. Glycogen Storage Disease (GSD) Type 1

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

Applicable Drug List:

Neupogen
Granix
Nivestym
Releuko
Zarxio

Policy/Guideline:

Documentation:

Primary Prophylaxis of Febrile Neutropenia

- A. Documentation must be provided of the member's diagnosis and chemotherapeutic regimen.
- B. If chemotherapeutic regimen is an intermediate risk of febrile neutropenia (10-19% [See Appendix B]), documentation must be provided outlining the patient's risk factors that confirm the member is at high risk for febrile neutropenia.

Criteria for Initial Approval:

Note: Zarxio is the preferred agent. Requests for non-preferred agents require that the patient is unable to take Zarxio for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication.

A. Neutropenia in cancer patients receiving myelosuppressive chemotherapy

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

1. The requested medication will not be used in combination with other colony stimulating factors within any chemotherapy cycle.



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2. The member will not receive chemotherapy at the same time as they receive radiation therapy.
3. One of the following criteria is met (i, ii, or iii):
 - i. The requested medication will be used for primary prophylaxis in members with solid tumors or non-myeloid malignancies who have received, are currently receiving, or will be receiving any of the following:
 - a. Myelosuppressive anti-cancer therapy that is expected to result in 20% or higher incidence of FN (febrile neutropenia) (FN) (*See Appendix A*)
 - b. 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 or co-morbidities, or other patient specific risk factors (*See Appendix C*).
 - 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*).
 - 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 schedule planned for the current cycle (for which primary prophylaxis was not received)
 - iii. The requested medication will be used for treatment of high risk FN in members who have any of the following prognostic factors that are predictive of clinical deterioration:
 - a. Age greater than 65 years
 - b. Being hospitalized at the time of the development of fever
 - c. Sepsis syndrome
 - d. Invasive fungal infection
 - e. Pneumonia or other clinically documented infection
 - f. Prolonged (neutropenia expected to last greater than 10 days) or profound (absolute neutrophil count less than $1 \times 10^9/L$) neutropenia
 - g. Prior episodes of febrile neutropenia

B. Other indications

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

1. Myelodysplastic syndrome (anemia or neutropenia)
2. Stem cell transplantation-related indications



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3. Agranulocytosis (non-chemotherapy drug induced)
4. Aplastic anemia
5. Neutropenia related to HIV/AIDS
6. Neutropenia related to renal transplantation
7. Acute myeloid leukemia
8. Severe chronic neutropenia (congenital, cyclic, or idiopathic)
9. Hematopoietic Syndrome of Acute Radiation Syndrome
Treatment for radiation-induced myelosuppression following a radiological/nuclear incident
10. CAR T-cell-related toxicities
Supportive care for neutropenic patients with CAR T-cell-related toxicities
11. Hairy Cell Leukemia
Members with hairy cell leukemia with neutropenic fever following chemotherapy
12. Chronic Myeloid Leukemia
Members with chronic myeloid leukemia (CML) for treatment of persistent neutropenia due to tyrosine kinase inhibitor therapy
13. Glycogen Storage Disease (GSD) Type 1
Individuals with GSD Type 1 for treatment of low neutrophil counts

Continuation of Therapy:

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

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 ALL)
2. Bladder Cancer:
 - i. Dose dense MVAC (methotrexate, vinblastine, doxorubicin, cisplatin)
 - ii. CBDCa/Pac (carboplatin, paclitaxel)
3. Bone Cancer
 - i. VAI (vincristine, doxorubicin or dactinomycin, ifosfamide)
 - ii. VDC-IE (vincristine, doxorubicin or dactinomycin, and cyclophosphamide alternating with ifosfamide and etoposide)
 - iii. Cisplatin/doxorubicin
 - iv. VDC (cyclophosphamide, vincristine, doxorubicin or dactinomycin)



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- v. VIDE (vincristine, ifosfamide, doxorubicin or dactinomycin, etoposide)
- 4. Breast Cancer:
 - i. Docetaxel + trastuzumab
 - ii. Dose-dense AC (doxorubicin, cyclophosphamide) + paclitaxel (or dose dense paclitaxel)
 - iii. TAC (docetaxel, doxorubicin, cyclophosphamide)
 - iv. AT (doxorubicin, docetaxel)
 - v. Doc (docetaxel)
 - vi. TC (docetaxel, cyclophosphamide)
 - vii. 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, 5-fluorouracil)
- 8. Hodgkin Lymphoma:
 - i. Brentuximab vedotin + AVD (doxorubicin, vinblastine, dacarbazine)
 - ii. Escalated BEACOPP (bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, prednisone)
- 9. Kidney Cancer:
Doxorubicin/gemcitabine
- 10. Non-Hodgkin's Lymphoma:
 - i. CHP (cyclophosphamide, doxorubicin, prednisone) + brentuximab vedotin
 - ii. Dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin)
 - iii. ICE (ifosfamide, carboplatin, etoposide)
 - iv. Dose-dense CHOP-14 (cyclophosphamide, doxorubicin, vincristine, prednisone) ± rituximab
 - v. MINE (mesna, ifosfamide, mitoxantrone, etoposide)
 - vi. DHAP (dexamethasone, cisplatin, cytarabine)
 - vii. ESHAP (etoposide, methylprednisolone, cisplatin, cytarabine (Ara-C))
 - viii. HyperCVAD ± rituximab (cyclophosphamide, vincristine, doxorubicin, dexamethasone ± rituximab)
 - ix. VAPEC-B (vincristine, doxorubicin, prednisolone, etoposide, cyclophosphamide, bleomycin)
- 11. Melanoma:



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

12. Multiple Myeloma:

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

13. Ovarian Cancer:

- i. Topotecan
- ii. Docetaxel

14. Pancreatic Cancer:

FOLFIRINOX (fluorouracil, leucovorin, irinotecan, oxaliplatin)

15. Soft Tissue Sarcoma:

- i. MAID (mesna, doxorubicin, ifosfamide, dacarbazine)
- ii. Doxorubicin
- iii. Ifosfamide/doxorubicin

16. Small Cell Lung Cancer:

- i. Top (topotecan)
- ii. CAV (cyclophosphamide, doxorubicin, vincristine)

17. Testicular Cancer:

- i. Velp (vinblastine, ifosfamide, cisplatin)
- ii. VIP (etoposide, ifosfamide, cisplatin)
- iii. TIP (paclitaxel, ifosfamide, cisplatin)

18. Gestational Trophoblastic Neoplasia:

- i. EMA/EP (etoposide, methotrexate, dactinomycin/etoposide, cisplatin)
- ii. EP/EMA (etoposide, cisplatin/etoposide, methotrexate, dactinomycin)
- iii. TP/TE (paclitaxel, cisplatin/paclitaxel, etoposide)
- iv. BEP (bleomycin, etoposide, cisplatin)
- v. VIP (etoposide, ifosfamide, cisplatin)
- vi. ICE (ifosfamide, carboplatin, etoposide)

19. Wilms Tumor:

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



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

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

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:
 - i. Docetaxel
 - ii. CMF classic (cyclophosphamide, methotrexate, fluorouracil)
 - iii. CA (doxorubicin, cyclophosphamide) (60 mg/m²) (hospitalized)
 - iv. AC (doxorubicin, cyclophosphamide) + sequential docetaxel (taxane portion only)
 - v. AC + sequential docetaxel + trastuzumab
 - vi. A (doxorubicin) (75 mg/m²)
 - vii. AC (doxorubicin, cyclophosphamide)
 - viii. CapDoc (capecitabine, docetaxel)
 - ix. Paclitaxel every 21 days
3. Cervical Cancer:
 - i. Irinotecan
 - ii. Cisplatin/topotecan
 - iii. Paclitaxel/cisplatin
 - iv. Topotecan
4. Colorectal Cancer:
 - i. FL (fluorouracil, leucovorin)
 - ii. CPT-11 (irinotecan) (350 mg/m² q 3 wk)
 - iii. FOLFOX (fluorouracil, leucovorin, oxaliplatin)
5. Esophageal and Gastric Cancers:
 - i. Irinotecan/cisplatin
 - ii. Epirubicin/cisplatin/5-fluorouracil
 - iii. Epirubicin/cisplatin/capecitabine
6. Non-Hodgkin's Lymphomas:
 - i. EPOCH-IT chemotherapy
 - ii. GDP (gemcitabine, dexamethasone, cisplatin/carboplatin)
 - iii. GDP (gemcitabine, dexamethasone, cisplatin/carboplatin) + rituximab
 - iv. FMR (fludarabine, mitoxantrone, rituximab)



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- v. CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) including regimens with pegylated liposomal doxorubicin
- vi. CHOP + rituximab (cyclophosphamide, doxorubicin, vincristine, prednisone, rituximab) including regimens with pegylated liposomal doxorubicin
- vii. Bendamustine
- 7. Non-Small Cell Lung Cancer:
 - i. Cisplatin/paclitaxel
 - ii. Cisplatin/vinorelbine
 - iii. Cisplatin/docetaxel
 - iv. Cisplatin/etoposide
 - v. Carboplatin/paclitaxel
 - vi. Docetaxel
- 8. Ovarian Cancer: Carboplatin/docetaxel
- 9. Prostate Cancer: Cabazitaxel
- 10. Small Cell Lung Cancer: Etoposide/carboplatin
- 11. Testicular Cancer:
 - i. BEP (bleomycin, etoposide, cisplatin)
 - ii. Etoposide/cisplatin
- 12. Uterine Sarcoma: Docetaxel

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

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

Approval Duration and Quantity Restrictions:

Approval: 6 months

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