

SPECIALTY GUIDELINE MANAGEMENT

NEUPOGEN (filgrastim) GRANIX (tbo-filgrastim) ZARXIO (filgrastim-sndz) NIVESTYM (filgrastim-aafi)

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 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 adults with acute myeloid leukemia.
3. Patients with Cancer Receiving Bone Marrow Transplant
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
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. 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

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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 adults with acute myeloid leukemia.
3. **Patients with Cancer Receiving Bone Marrow Transplant (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 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 symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

Granix

Granix is indicated to reduce the duration of severe neutropenia in patients 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 adults with acute myeloid leukemia.
3. **Patients with Cancer Undergoing Bone Marrow Transplant**
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 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.

B. Compendial Uses (Neupogen/Granix/Zarxio/Nivestym)

1. Treatment of chemotherapy-induced febrile neutropenia in patients with non-myeloid malignancies
2. Prophylaxis for chemotherapy-induced febrile neutropenia in patients with solid tumors
3. Treatment of anemia and neutropenia in patients with myelodysplastic syndromes (MDS)

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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)
11. Radiation therapy/injury
12. Supportive care for neutropenic patients with CAR T-cell-related toxicities
13. Hairy Cell Leukemia
14. Chronic Myeloid Leukemia
15. Glycogen Storage Disease (GSD) Type 1

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

II. REQUIRED DOCUMENTATION

A. Primary Prophylaxis of Febrile Neutropenia

1. Documentation must be provided of the member's diagnosis and chemotherapeutic regimen.
2. If chemotherapeutic regimen has 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.

III. CRITERIA FOR INITIAL APPROVAL

A. Neutropenia in cancer patients receiving myelosuppressive chemotherapy¹⁻⁶

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.
2. The member will not be receiving concurrent chemotherapy and 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 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) and who are considered to be at high risk of FN because of bone marrow compromise or co-morbidity, including any of the following (not an all-inclusive list):
 - a. Active infections, open wounds, or recent surgery
 - b. Age greater than or equal to 65 years
 - c. Bone marrow involvement by tumor producing cytopenias
 - d. Previous chemotherapy or radiation therapy
 - e. Poor nutritional status
 - f. Poor performance status
 - g. Previous episodes of FN
 - h. Other serious co-morbidities, including renal dysfunction, liver dysfunction, HIV infection, cardiovascular disease
 - i. Persistent neutropenia
 - 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
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. Radiation therapy/injury
 - i. Manage neutropenia in members acutely exposed to myelosuppressive doses of radiation therapy
 - ii. Treatment of radiation injury
10. CAR T-cell-related toxicities

Supportive care for neutropenic patients with CAR T-cell-related toxicities
11. Hairy Cell Leukemia

Individuals with Hairy Cell Leukemia with neutropenic fever following chemotherapy.
12. Chronic Myeloid Leukemia

Individuals with Chronic Myeloid Leukemia (CML) for treatment of resistant 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

IV. CONTINUATION OF THERAPY

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

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:
 - 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)
 - 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, 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. Dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin)
 - ii. ICE (ifosfamide, carboplatin, etoposide)
 - iii. Dose-dense CHOP-14 (cyclophosphamide, doxorubicin, vincristine, prednisone) + rituximab
 - iv. MINE (mesna, ifosfamide, novantrone, etoposide)
 - v. DHAP (dexamethasone, cisplatin, cytarabine)
 - vi. ESHAP (etoposide, methylprednisolone, cisplatin, cytarabine (Ara-C))
 - vii. HyperCVAD + rituximab (cyclophosphamide, vincristine, doxorubicin, dexamethasone + rituximab)
 - viii. 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:
 - i. DT-PACE (dexamethasone/ thalidomide/ cisplatin/ doxorubicin/ cyclophosphamide/ etoposide) + bortezomib (VTD-PACE)
 - 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. VeIP (vinblastine, ifosfamide, cisplatin)
 - ii. VIP (etoposide, ifosfamide, cisplatin)
 - iii. 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:
 - 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:
 - 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/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)
 - v. CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) including regimens with pegylated liposomal doxorubicin

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- vi. CHOP + rituximab (cyclophosphamide, doxorubicin, vincristine, prednisone, rituximab) including regimens with pegylated liposomal doxorubicin
- vii. CHP (cyclophosphamide, doxorubicin, prednisone) + brentuximab vedotin
- viii. 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

VI. REFERENCES

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