blue of california

PEG-FILGRASTIM AGENTS

Applies To:
pegfilgrastim-jmdb subcutaneous injection (FULPHILA)
pegfilgrastim-pbbk subcutaneous injection (FYLNETRA)
pegfilgrastim subcutaneous injection (NEULASTA)
pegfilgrastim-apgf subcutaneous injection (NYVEPRIA)
pegfilgrastim-fpgk subcutaneous injection (STIMUFEND)
pegfilgrastim-bmez subcutaneous injection (ZIEXTENZO)
pegfilgrastim-cbqv subcutaneous injection (UDENYCA)

Diagnoses Considered for Coverage:

- Prevention or reduction of neutropenia in patients with non-myeloid malignancy receiving myelosuppressive chemotherapy
- Prevention or reduction of neutropenia in patients with non-myeloid malignancy receiving myelosuppressive radiation
- Bone marrow transplantation

Coverage Criteria:

For diagnosis of prevention or reduction of neutropenia in patients with non-myeloid malignancy receiving myelosuppressive chemotherapy:

- Patient is currently receiving myelosuppressive chemotherapy, **and**
- Not being used as part of a myelosuppressive chemotherapy regimen in combination with filgrastim for prevention of neutropenia, **and**
- Dose does not exceed 6 mg SQ given every 14 days, **and**
- ***For Fulphila, Fylnetra, Nyvepria, Stimufend:***
  - Intolerance or contraindication to preferred pegfilgrastim products that is not expected with requested pegfilgrastim biosimilar.

Coverage Duration: Through duration of specific myelosuppressive chemotherapy regimen

For diagnosis of prevention or reduction of neutropenia in patients with non-myeloid malignancy receiving myelosuppressive radiation:

- Patient is currently receiving radiation therapy, **and**
- Dose does not exceed one 6 mg SQ dose with an addition 6 mg SQ dose given after 1 week, and
- ***For Fulphila, Fylnetra, Nyvepria, Stimufend:***
  - Intolerance or contraindication to preferred pegfilgrastim products (e.g., Neulasta, Udenyca and Ziextenzo) that is not expected with requested pegfilgrastim biosimilar.

For diagnosis of bone marrow transplantation (BMT):

- Dose does not exceed one 6 mg SQ dose given on day #1 following BMT, **and**
- ***For Fulphila, Fylnetra, Nyvepria, Stimufend:***
  - Intolerance or contraindication to preferred pegfilgrastim products (e.g., Neulasta, Udenyca and Ziextenzo) that is not expected with requested pegfilgrastim biosimilar.

References:

1. Fulphila® (pegfilgrastim-jmdb) [Prescribing Information]. Morgantown, WV: Mylan Pharmaceuticals Inc.; 3/2021.
2. Fylnetra® (pegfilgrastim-pbbk) [Prescribing Information]. Amneal Pharmaceuticals LLC. 5/2022.
3. Neulasta® (pegfilgrastim) [Prescribing Information]. Thousand Oaks, CA: Amgen, Inc.; 2/2021.
4. NyvepriaTM (pegfilgrastim-apgf) [Prescribing Information]. New York, NY: Pfizer Inc. 4/2021.
5. Stimufend (pegfilgrastim-fpgk) [Prescribing Information]. Thousand Oaks, CA: Amgen, Inc. 9/2022.
6. Udenyca® (pegfilgrastim-cbqv) [Prescribing Information]. Redwood City, CA: Coherus BioSciences, Inc.; 6/2021.
7. Ziextenzo® (pegfilgrastim-bmez) [Prescribing Information]. Princeton, NJ: Sandoz, Inc.; 3/2021.

Effective Date: 02/28/2024