

## PHARMACY POLICY STATEMENT

### Ohio Medicaid

DRUG NAME	Udenyca (pegfilgrastim-cbqv)
BILLING CODE	Q5111 (1 unit = 6 mg)
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Home/Office/Outpatient hospital
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— 2 units per 28 days
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Udenyca (pegfilgrastim-cbqv) is a **non-preferred** product and will only be considered for coverage under the **medical** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### PREVENTION OF FEBRILE NEUTROPENIA

For **initial** authorization:

1. Member has a non-myeloid malignancy; AND
2. Medication will not be administered less than 14 days before OR less than 24 hours after chemotherapy; AND
3. Chart notes with length of chemotherapy cycle, the days of the cycle on which chemotherapy will be administered, and the day of the cycle on which the Udenyca will be administered, are submitted with prior authorization request; AND
4. Member has a documented history of febrile neutropenia (defined as an ANC < 1000/mm<sup>3</sup> and temperature > 38.2°C) following a previous course of chemotherapy and is receiving myelosuppressive chemotherapy; OR
5. Member is receiving myelosuppressive anti-cancer drugs associated with a high risk (> 20%, see Appendix for description) for incidence of febrile neutropenia; OR
6. Member is receiving myelosuppressive anti-cancer drugs associated with at intermediate risk (10-20%, see Appendix for description) for incidence of febrile neutropenia including **one** of the following:
  - a) Previous chemotherapy or radiation therapy;
  - b) Persistent neutropenia;
  - c) Bone marrow involvement with tumor;
  - d) Recent surgery and/or open wounds;
  - e) Liver dysfunction (bilirubin > 2.0);
  - f) Renal dysfunction (creatinine clearance < 50);
  - g) Age > 65 years receiving full chemotherapy dose intensity.
7. **Dosage allowed:** Up to 6 mg per chemotherapy cycle, beginning at least 24 hours after completion of chemotherapy.

***If member meets all the requirements listed above, the medication will be approved for 6 months.***



For **reauthorization**:

1. Member must be in compliance with all other initial criteria.

***If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.***

**CareSource considers Udenyca (pegfilgrastim-cbqv) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:**

- Mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplant

DATE	ACTION/DESCRIPTION
10/11/2019	New policy for Udenyca created.

References:

1. Udenyca [prescribing information]. Redwood City, CA: Coherus BioSciences, Inc.; September 2019.
2. NCCN Guidelines for Hematopoietic Growth Factors, Version 1.2020, Pages MGF-1 through MGF-D.

Effective date: 04/01/2020

Revised date: 10/11/2019

## Appendix

Chemotherapy Regimens with a High Risk for Febrile Neutropenia (> 20%).

*This list is not comprehensive. There are other regimens that have a high risk for the development of febrile neutropenia. See NCCN guidelines for treatment by cancer site for details.*

Cancer Type	Regimen
<b>Acute Lymphoblastic Leukemia (ALL)</b>	ALL induction regimens (see NCCN guidelines)
<b>Bladder Cancer</b>	Dose-dense MVAC (methotrexate, vinblastine, doxorubicin, cisplatin)
<b>Bone Cancer</b>	VAI (vincristine, doxorubicin or dactinomycin, ifosfamide)
	VDC-IE (vincristine, doxorubicin or dactinomycin, and cyclophosphamide alternating with ifosfamide and etoposide)
	VIDE (vincristine, ifosfamide, doxorubicin or dactinomycin, etoposide)
<b>Breast Cancer</b>	Dose-dense AC followed by T (doxorubicin, cyclophosphamide, paclitaxel)
	TAC (docetaxel, doxorubicin, cyclophosphamide)
	TC (docetaxel, cyclophosphamide)
	TCH (docetaxel, carboplatin, trastuzumab)
<b>Head and Neck Squamous Cell Carcinoma</b>	TPF (docetaxel, cisplatin, 5-fluorouracil)
<b>Hodgkin Lymphoma</b>	Brentuximab vedotin + AVD (doxorubicin, vinblastine, dacarbazine)
	Escalated BEACOPP (bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, prednisone)
<b>Kidney Cancer</b>	Doxorubicin/gemcitabine
<b>Non-Hodgkin's Lymphoma</b>	Dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin)
	ICE (ifosfamide, carboplatin, etoposide)
	Dose-dense CHOP-14 (cyclophosphamide, doxorubicin, vincristine, prednisone)
	MINE (mesna, ifosfamide, mitoxantrone, etoposide)
	DHAP (dexamethasone, cisplatin, cytarabine)
	ESHAP (etoposide, methylprednisolone, cisplatin, cytarabine)
	HyperCVAD (cyclophosphamide, vincristine, doxorubicin, dexamethasone)
<b>Melanoma</b>	Dacarbazine-based combination with IL-2, interferon alpha (dacarbazine, cisplatin, vinblastine, IL-2, interferon alpha)
<b>Multiple Myeloma</b>	DT-PACE (dexamethasone/thalidomide/cisplatin/doxorubicin/cyclophosphamide/etoposide) ± bortezomib (VTD-PACE)
	Dacarbazine-based combination with IL-2, interferon alpha (dacarbazine, cisplatin, vinblastine, IL-2, interferon alpha)
<b>Ovarian Cancer</b>	Topotecan
	Docetaxel
<b>Soft Tissue Sarcoma</b>	MAID (mesna, doxorubicin, ifosfamide, dacarbazine)

	Doxorubicin
	Ifosfamide/doxorubicin
<b>Small Cell Lung Cancer</b>	Topotecan
<b>Testicular cancer</b>	VeIP (vinblastine, ifosfamide, cisplatin)
	VIP (etoposide, ifosfamide, cisplatin)
	TIP (paclitaxel, ifosfamide, cisplatin)

National Comprehensive Cancer Network (NCCN): Hematopoietic Growth Factors, 2019.

Chemotherapy Regimens with an Intermediate Risk of Febrile Neutropenia (10% - 20%)

<b>Cancer Histology</b>	<b>Regimen</b>
<b>Occult primary - Adenocarcinoma</b>	Gemcitabine/docetaxel
<b>Bone Cancer</b>	Cisplatin/doxorubicin
	VDC (vincristine, doxorubicin or dactinomycin, cyclophosphamide)
<b>Breast cancer</b>	Docetaxel
	AC (doxorubicin, cyclophosphamide) + sequential docetaxel (taxane portion only)
	Paclitaxel every 21 days
<b>Cervical Cancer</b>	Cisplatin/topotecan
	Paclitaxel/cisplatin
	Topotecan
	Irinotecan
<b>Colorectal</b>	FOLFOX (fluorouracil, leucovorin, oxaliplatin)
<b>Esophageal and Gastric Cancers</b>	Irinotecan/cisplatin
	Epirubicin/cisplatin/5-fluorouracil
	Epirubicin/cisplatin/capecitabine
<b>Non-Hodgkin's lymphomas</b>	GDP (gemcitabine, dexamethasone, cisplatin/carboplatin)
	CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) including regimens with pegylated liposomal doxorubicin
<b>Non-Small Cell Lung Cancer</b>	Cisplatin/paclitaxel
	Cisplatin/vinorelbine
	Cisplatin/docetaxel
	Cisplatin/etoposide
	Carboplatin/paclitaxel
	Docetaxel
<b>Ovarian Cancer</b>	Carboplatin/docetaxel
<b>Pancreatic Cancer</b>	FOLFIRINOX

<b>Prostate Cancer</b>	Cabazitaxel
<b>Small Cell Lung Cancer</b>	Etoposide/carboplatin
<b>Testicular Cancer</b>	Etoposide/cisplatin
	BEP (bleomycin, etoposide, cisplatin)
<b>Uterine Sarcoma</b>	Docetaxel

National Comprehensive Cancer Network (NCCN): Hematopoietic Growth Factors, 2019.