Reference number(s)
6259-A

Standard Medicare Part B Management
Ryzneuta

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Ryzneuta	efbemalenograstim alfa-vuxw

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.

FDA-approved Indication[1]

Ryzneuta is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in adult patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

Compendial Uses[2-6]

- Stem cell transplantation-related indications
- Prophylaxis for chemotherapy-induced febrile neutropenia in patients with solid tumors
- Hematopoietic acute radiation syndrome
- Hairy cell leukemia, neutropenic fever

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Documentation

The following documentation must be available, upon request, for all submissions:

Primary Prophylaxis of Febrile Neutropenia

Documentation must be provided of the member's diagnosis and chemotherapeutic regimen.

Coverage Criteria

Prevention of neutropenia in cancer patients receiving myelosuppressive chemotherapy[1-3]

Authorization of 6 months may be granted for the prevention of febrile neutropenia for members with solid tumors or non-myeloid malignancies when the requested medication will not be administered with weekly chemotherapy regimens and the member will not be receiving chemotherapy at the same time as they receive radiation therapy.

Other indications[2,4-6]

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

- Stem cell transplantation-related indications
- Hematopoietic acute radiation syndrome
- Hairy cell leukemia with neutropenic fever following chemotherapy

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Ryzneuta.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology
- NCCN Guideline: Hairy cell leukemia
- NCCN Guideline: Hematopoietic growth factors
- NCCN Guideline: Hematopoietic cell transplantation

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Ryzneuta are covered in addition to the following:

- Stem cell transplantation-related indications
- Prophylaxis for chemotherapy-induced febrile neutropenia in patients with solid tumors
- Hematopoietic acute radiation syndrome
- Hairy cell leukemia, neutropenic fever

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using Ryzneuta for stem cell transplantation-related indications can be found in the National Comprehensive Cancer Network's guideline for hematopoietic cell transplantation. The NCCN Guideline for hematopoietic cell transplantation supports the use of G-CSF as treatment for hematopoietic cell mobilization for autologous donors in combination with plerixafor.

Support for using Ryzneuta as prophylaxis for chemotherapy-induced febrile neutropenia in patients with solid tumors can be found in the National Comprehensive Cancer Network's guideline for hematopoietic growth factors. The NCCN Guideline supports the use of Ryzneuta for prophylaxis of chemotherapy-induced febrile neutropenia or other dose limiting neutropenic events in high-risk, intermediate-risk and low-risk patients with solid tumors.

Support for using Ryzneuta to treat hematopoietic acute radiation syndrome can be found in the National Comprehensive Cancer Network's guideline for hematopoietic growth factors. The NCCN Guideline for hematopoietic growth factors supports the use of G-CSF in patients with radiation-induced myelosuppression following a radiologic/nuclear incident.

Support for using Ryzneuta in hairy cell leukemia for neutropenic fever in a patient being treated for hairy cell leukemia can be found in the National Comprehensive Cancer Network's guideline for hairy cell leukemia. The NCCN Guideline for hairy cell leukemia supports using neutrophil growth factors for patients with neutropenic fever following systemic therapy.

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

References

1. Ryzneuta [package insert]. Singapore: Evive Biotechnology PTE. LTD.; December 2024.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed June 12, 2025.
3. Smith TJ, Bohlke K, Lyman GH, et al. Recommendations for the use of white blood cell growth factors: American Society of Clinical Oncology Clinical Practice Guideline Update. J Clin Oncol. 2015;33(28):3199-3212.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Hematopoietic Cell Transplantation. Version 2.2025. https://www.nccn.org/professionals/physician_gls/pdf/hct.pdf. Accessed June 18, 2025.
5. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Hematopoietic Growth Factors. Version 1.2025. https://www.nccn.org/professionals/physician_gls/pdf/growthfactors.pdf. Accessed June 18, 2025.
6. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Hairy Cell Leukemia. Version 1.2025. https://www.nccn.org/professionals/physician_gls/pdf/hairy_cell.pdf. Accessed June 18, 2025.

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.