Medical Policy:

Colony Stimulating Factors: Ryzneuta (efbemalenograstim alfa-vuxw) injection

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.442	August 1, 2025	August 1, 2025

Medical Guideline Disclaimer Property of EmblemHealth. All rights reserved.

The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

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.

Length of Authorization

Coverage will be provided for 6 months and may be renewed.

Dosing Limits [Medical Benefit]

20 mg once per chemotherapy cycle. Administer ≥24 hours after cytotoxic chemotherapy. Do not administer within the period from 14 days before to <24 hours after administration of cytotoxic chemotherapy

Drug Name	Indication	Billable Units
Ryzneutra	Acute Radiation Exposure	40 billable units weekly x 2 doses
	All other indications	40 billable units per 14 days

Proprietary information of EmblemHealth/ConnectiCare, Inc. © 2025 EmblemHealth & Affiliates

Guideline

Coverage is provided in the following conditions:

• Patient is at least 18 years of age; **AND**

Prophylactic use in patients with solid tumors or non-myeloid malignancy † ‡

A. Patient is undergoing myelosuppressive chemotherapy with an expected incidence of febrile neutropenia of > 20% §; **OR**

B. Patient is undergoing myelosuppressive chemotherapy with an expected incidence of febrile neutropenia of 10% to 20% § **AND** one or more patient-related risk factors ¥; **OR**

C. Patient is undergoing myelosuppressive chemotherapy with an expected incidence of febrile neutropenia of <10% § **AND** two or more patient-related risk factors ¥ **

**Use in this setting is based on clinical judgment.

Note: Dose-dense therapy, in general, requires growth factor support to maintain dose intensity and schedule. In the palliative setting, consideration should be given to dose reduction or change in regimen.

Patient who experience a neutropenic complication from a prior cycle of the same chemotherapy ‡

Note: Dose-dense therapy, in general, requires growth factor support to maintain dose intensity and schedule. In the palliative setting, consideration should be given to dose reduction or change in regimen.

Patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Acute Radiation Syndrome [H-ARS]) † ‡ Φ

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

Applicable Procedure Codes

¥ Patient risk factors for febrile neutropenia
• Age >65 years receiving full dose intensity chemotherapy • Prior exposure to chemotherapy or radiation therapy • Persistent neutropenia (ANC ≤ 1000/mm3) • Bone marrow involvement by tumor • Patient has a condition that can potentially increase the risk of serious infection (i.e., HIV/AIDS with low CD4 counts) • Recent surgery and/or open wounds • Poor performance status • Renal dysfunction (creatinine clearance <50 mL/min) • Liver dysfunction (elevated bilirubin >2.0 mg/dL) • Chronic immunosuppression in the post-transplant setting, including organ transplant
Febrile neutropenia is defined as:
− Temperature: a single temperature ≥38.3 °C orally or ≥38.0 °C over 1 hour; AND − Neutropenia: <500 neutrophils/mcL or <1,000 neutrophils/mcL and a predicted decline to ≤500 neutrophils/mcL over the next 48 hours
§ Expected incidence of febrile neutropenia percentages for myelosuppressive chemotherapy regimens can be found in the NCCN Hematopoietic Growth Factors Clinical Practice Guideline at NCCN.org

Renewal Criteria

Coverage for all other indications can be renewed based upon the following criteria:

A. Patient continues to meet indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**

B. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: splenic rupture, acute respiratory distress syndrome (ARDS), serious allergic reactions/anaphylaxis, sickle cell crisis, glomerulonephritis, leukocytosis, thrombocytopenia, capillary leak syndrome, potential for tumor growth

Proprietary information of EmblemHealth/ConnectiCare, Inc. © 2025 EmblemHealth & Affiliates

stimulation of malignant cells, aortitis, myelodysplastic syndrome and acute myeloid leukemia in patients with breast and lung cancer, etc.; **AND**

Acute exposure to myelosuppressive doses of radiation (Hematopoietic Acute Radiation Syndrome [H-ARS])
A. Coverage may not be renewed

Applicable Procedure Codes

Code	Description
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg

Applicable NDCs

Code	Description
72893-0016-02	Ryzneuta 20 mg/mL

ICD-10 Diagnoses

Code	Description
D70.1	Agranulocytosis Secondary To Cancer Chemotherapy
D70.2	Other drug-induced agranulocytosis
T45.1X5A	Adverse Effect Of Antineoplastic And Immunosuppressive Drugs, Initial Encounter
T45.1X5D	Adverse Effect Of Antineoplastic And Immunosuppressive Drugs, Subsequent Encounter
T45.1X5S	Adverse Effect Of Antineoplastic And Immunosuppressive Drugs, Sequela

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	08/01/2025	New Policy

References

1. Ryzneuta® subcutaneous injection [prescribing information]. Singapore and East Winsor, NJ: Evive/Acrotech; November 2023.

Proprietary information of EmblemHealth/ConnectiCare, Inc. © 2025 EmblemHealth & Affiliates