

Louisiana Medicaid
Efbemalenograstim alfa-vuxw (Ryzneuta®)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for efbemalenograstim alfa-vuxw (Ryzneuta®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

Approval Criteria for Initiation of Therapy

- There is no preferred alternative that is:
 - The exact same chemical entity, formulation, strength, etc.; **OR**
 - FDA-approved biosimilar to the requested medication; **AND**
- If request is for a non-preferred agent - **ONE** of the following is required: (See Colony Stimulating Factors on the PDL/NPDL for list of preferred agents.)
 - The recipient has had a *treatment failure* with at least one preferred product; **OR**
 - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
 - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
 - There is *no preferred product that is appropriate* to use for the condition being treated; **AND**
- **ONE** of the following is required:
 - The recipient has an approved diagnosis (or indication) for the agent requested (See Table 1); **OR**
 - For requests that do not include diagnoses/indications listed in the table below, support for use of the requested medication is noted on the request with references cited.

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy.

Duration of approval for initiation and continuation of therapy: 12 months

Table 1. Diagnoses/Indications for Efbemalenograstim alfa-vuxw (Ryzneuta®)

Covered Diagnoses/Indications	Efbemalenograstim alfa-vuxw (Ryzneuta®)
Prophylaxis of febrile neutropenia in cancer patients receiving myelosuppressive chemotherapy for non-myeloid malignancies	X

Reference

Ryzneuta (efbemalenograstim alfa-vuxw) [package insert]. East Windsor, NJ: Acrotech Biopharma Inc; December 2024. https://www.ryzneuta.com/assets/pdf/ref-ryzneuta-pi-122024_clean.pdf

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