CareSource

PHARMACY POLICY STATEMENT Marketplace	
DRUG NAME	Neupogen (Filgrastim)
BILLING CODE	For medical - J1442 For Rx - must use valid NDC
BENEFIT TYPE	Medical or Pharmacy
SITE OF SERVICE ALLOWED	Home/Office/Outpatient Hospital
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred product include

Neupogen (Filgrastim) is a non-preferred product and will only be considered for coverage under the medical or pharmacy 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.

ACUTE MYELOID LEUKEMIA (AML)

For initial authorization:
1. Member has diagnosis of AML documented in chart notes; AND
2. Member must have tried and failed treatment with Zarxio; AND
3. Medication is being used to reduce the time to neutrophil recovery and the duration of fever following induction or consolidation chemotherapy treatment; AND
4. Medication is being administered 24 hours after the last dose of chemotherapy until neutrophil UHFRYHU\ $1& ³• IRU PPRQVHFXWLYH GD³IV 1 day) • or for a maximum of 35 days.
5. Dosage allowed: PFJ NJ GD\ VXEFXWDQHRXV LQMHFWLRQ VKRUW LQW or continuous intravenous infusion.

If member meets all the requirements listed above, the medication will be approved for 3 months.

For reauthorization:
1. Member must be in compliance with all initial criteria; AND
2. Chart notes have been provided that show the member is stable or has shown improvement on Neupogen therapy.

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

AUTOLOGOUS BONE MARROW TRANSPLANT (BMT)

For initial authorization:
1. Member has diagnosis of non-myeloid malignancy and is undergoing myeloablative chemotherapy followed by autologous BMT; AND
2. Member must have tried and failed treatment with Zarxio; AND
3. Medication is being used

If member meets all the requirements listed above, the medication w ill be approved for 3 months .

For reauthorization :

1. Member must be in compliance with all initial criteria; AND
2. Chart notes have been provided that show the member is stable or has shown improvement on Neupogen therapy.

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

AUTOLOGOUS PERIPHERAL BLOOD PROGENITOR CELL (PBPC) MOBILIZATION

For initial authorization:

1. Medication is being used to mobilize autologous peripheral blood progenitor cells for collection by leukapheresis; AND
2. Member must have tried and failed treatment with Zarxio; AND
3. Medication is being administered for at least 4 days before first leukapheresis and continued until the last leukapheresis (X Q W L O D V X V W D € ’7L srl the
las the
last leukc (Pln6ãn ce firrrrrleukipher0[.49.743 (5D)]TJ /TT2 1 Tf 0 Tc 0 Tw n1A1 Tw340T025

Appendix

Chemotherapy Regimens with a High Risk for Febrile Neutropenia (>

Cancer Type	Regimen
Acute Lymphoblastic Leukemia (ALL)	ALL induction regimens (see NCCN guidelines)
Bladder Cancer	09$& PHWKRWUH[DWH YLQEODVWLQH GR[RUXELFLQ FLV metastatic)
Breast Cancer	Docetaxel + trastuzumab (metastatic or relapsed)
	Dose-GHQVH $& IROORZHG E\ 7 GR[RUXELFLQ F\F (adjuvant)
	7$& GRFHWD[HO GR[RUXELFLQ cyclophosphamide (adjuvant)
Esophageal and Gastric Cancers	Docetaxel/cisplatin/fluorouracil
Hodgkin Lymphoma	%($&233 EOHRP\FLQ HWRSRVLGH GR[RUXELFL SURFDUED]LQH SUHGQLVRQH
Kidney Cancer	Doxorubicin/gemcitabine
Non-Hodgkin's Lymphoma	,&(LIRVIDPLGH FDUERSODWLQ HWRSRVLGH -FHOO O\PSKRP peripheral T-FHOO O\PSKRPDV >37&/@ QG OLQH
	5,&(ULWX[LPDE LIRVIDPLGH FDUERSODWLQ H
	CHOP- F\FORSKRVSKDPLGH GR[RUXELFLQ YLQFULVWLQH

T=

	%(3 EOHRP\FLQ HWRSRVLGH FLVSODWLQ
	7,3 SDFOLWD[HO LIRVIDPLGH FLVSODWLQ

National Comprehensive Cancer Network (NCCN): Myeloid Growth Factors, 2016.

&KHPRWKHUDS\ 5HJLPHQV ZLWK DQ ,QWHUPHGLDWH 5LVN RI)HEULOH 1HXWU

Cancer Type	Regimen
Occult Primary Adenocarcinoma	[redacted]

	&LVSODWLQ HWRSRVLGH DGMXYDQW DGYDQFH
	&DUERSODWLQ SDFOLWD[HO DGMXYDQW DGYD
	Docetaxel (advanced/metastatic)