PHARMACY POLICY STATEMENT

North Carolina Marketplace 98 141.18 609.3 Tmim

DRUG NAME	Filgrastim Releuko)
BILLING CODE	For medical - J1442, Q5101, Q5110, J3590 For Rx - must use valid NDC
BENEFIT TYPE	Medical or Pharmacy
SITE OF SERVICE ALLOWED	Home/Office/Outpatient
STATUS	Prior Authorization Required

Neupogen is a recombinant granulocyte colony stimulating factor (G-CSF) that was initially approved by the FDA in 1991. It has many uses related to oncology and chemotherapy as well as an indication for severe chronic neutropenia (SCN), a group of rare hematologic diseases characterized by a decrease in circulating neutrophils that can lead to recurrent and severe infections. Biosimilar filgrastim products have also been approved. Treatment with filgrastim results in a stimulation of bone marrow production and maturation of neutrophils, increases neutrophils in circulation, and reduces infection-related events. Neutrophils are the dominant type of granulocyte (a type of white blood cell) and are important for fighting infections. A competitor product, Granix (tbo-filgrastim)x (-0.038 Tw 1o0E.rt

initial authorization:

1. Medication must be prescribed by or in consultation with a hematologist; AND
2. If the request is for Neupogen, Nivestym, or Releuko, member must have tried and failed Zarxio; AND
3. Member must have a documented diagnosis of SCN (i.e., congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia) with chart notes confirming both of the following:
   a) Absolute neutrophil count (ANC) < 500/mm^3 on three occasions during a 3-month period (or for cyclic neutropenia 5 consecutive days of ANC < 500/mm^3 per cycle)

For reauthorization :

1. Chart notes must document a positive clinical response to therapy, such as neutrophil count recovery, decreased infection-related events, and/or increased maturing neutrophils on bone marrow aspirate.

If all the above requirements are met , the medication will be approved for an additional 12 months.

- Patients with Cancer Receiving Myelosuppressive Chemotherapy
- Patients with Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy
- Patients with Cancer Undergoing Bone Marrow Transplantation
- Patients Undergoing Autologous Peripheral Blood Progenitor Cell Collection and Therapy
- Patients Acutely Exposed to Myelosuppressive Doses of Radiation

Any oncology related request must be submitted through the NantHealth/Eviti portal.

CareSource considers filgrastim not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off- Label policy.