PHARMACY POLICY STATEMENT

3. Medication is being used to reduce duration of neutropenia following autologous BMT.
4. 10 mcg/kg/day beginning at least 24 hours after cytotoxic chemotherapy and 24 hours after bone marrow infusion.

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

For _____:

1. Member must be in compliance with all initial criteria; AND

For _____ authorization:

1. Member must have tried and failed treatment with Zarxio; AND
2. Member has a non-myeloid malignancy; AND
3. Medication will not be administered within 24 hours before or after chemotherapy; AND
4. Member has a documented history of febrile neutropenia (defined as an ANC < 1000/mm^3 and temperature > 38.2°C) following a previous course of chemotherapy and is receiving myelosuppressive chemotherapy; OR
5. Member is receiving myelosuppressive anti-cancer drugs associated with a high risk (> 20%, see Appendix for description) for incidence of febrile neutropenia; OR
6. Member is receiving myelosuppressive anti-cancer drugs associated with an e2,TJ 0 Tc07n. 0 :4T1 1 8

Chemotherapy Regimens with a High Risk for Febrile Neutropenia (> 20%)

	ALL induction regimens (see NCCN guidelines)
	MVAC (methotrexate, vinblastine, doxorubicin, cisplatin) (neoadjuvant, adT-12.2 (