



PHARMACY POLICY STATEMENT  
North Carolina Marketplace

DRUG NAME

Nivestym (filgrastim-aafi)



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 to reduce duration of neutropenia following autologous BMT.
4. **Dosage allowed:** 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 **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 (until a sustainable ANC ( $1000/\text{mm}^3$ ) is reached).
4. **Dosage allowed:** 10 mcg/kg/day subcutaneous injection.

***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 crippl Tw -21 Tf-21 T1( i)2.6







