Market Applicability

<table>
<thead>
<tr>
<th>Market</th>
<th>DC</th>
<th>GA</th>
<th>KY</th>
<th>MD</th>
<th>NJ</th>
<th>NY</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>NA</td>
</tr>
</tbody>
</table>

 Colony Stimulating Factors

<table>
<thead>
<tr>
<th>Overrides</th>
<th>Approval Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization</td>
<td>1 year</td>
</tr>
<tr>
<td>Quantity Limit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulphila (pegfilgrastim-jmdb)</td>
<td>May be subject to quantity limit</td>
</tr>
<tr>
<td>Granix (tbo-filgrastim)</td>
<td>N/A</td>
</tr>
<tr>
<td>Leukine (sargramostim)</td>
<td>N/A</td>
</tr>
<tr>
<td>Neulasta (pegfilgrastim)</td>
<td>May be subject to quantity limit</td>
</tr>
<tr>
<td>Neupogen (filgrastim)</td>
<td>N/A</td>
</tr>
<tr>
<td>Nivestym (filgrastim-aafi)</td>
<td>N/A</td>
</tr>
<tr>
<td>Udenyca (pegfilgrastim-cbqv)</td>
<td>May be subject to quantity limit</td>
</tr>
<tr>
<td>Zarxio (filgrastim-sndz)</td>
<td>N/A</td>
</tr>
<tr>
<td>Ziestenzo (pegfilgrastim-bmez)</td>
<td>May be subject to quantity limit</td>
</tr>
</tbody>
</table>

APPROVAL CRITERIA

I. In addition to criteria outlined below, requests for Granix, Leukine, Neupogen, Nivestym, must also meet the following criteria:

A. Individual has had a trial and inadequate response or intolerance to Zarxio; OR
B. Zarxio is not FDA-approved for the prescribed indication and Granix, Leukine, Neupogen or Nivestym is.

*Step Therapy does not apply to Florida Healthy Kids*

II. Requests for filgrastim (Neupogen), filgrastim-aafi (Nivestym), or filgrastim-sndz (Zarxio) may be approved if the following criteria are met:

A. Individual with nonmyeloid malignancy is using for primary prophylaxis of Febrile Neutropenia (FN); AND
B. Individual has a risk of FN of 20% or greater based on chemotherapy regimen;

OR
C. Individual with nonmyeloid malignancy is using for primary prophylaxis of FN; AND
D. Individual’s risk of developing FN is greater than or equal to 10% and less than 20% based on chemotherapy regimen and individual has any risk factors for FN (NCCN 2A)

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
Patient risk factors for the development of febrile neutropenia include but are not limited to (NCCN Guidelines Version 1.2018):

1. Age greater than 65 years; OR
2. Poor performance status (Eastern Cooperative Oncology Group 3 or 4) or HIV infection (in particular, those with low CD4 counts); OR
3. Prior chemotherapy or radiation therapy; OR
4. Bone marrow involvement by tumor producing cytopenias; OR
5. Persistent neutropenia (absolute neutrophil count [ANC] less than 1500mm$^3$); OR
6. Poor renal function (glomerular filtration rate [GFR] less than 60mL/min); OR
7. Liver dysfunction (liver function tests at least 2X upper limit of normal); OR
8. Recent surgery and/or the presence of open wounds;

OR
E. Individual with nonmyeloid malignancy is using for secondary prophylaxis of FN; AND
F. Individual has experienced a neutropenic complication from a prior cycle of chemotherapy (for which primary prophylaxis was not received), in which a reduced dose may compromise disease-free or overall survival or treatment outcome (NCCN 2A);

OR
G. Individual is using as adjunctive treatment for FN; AND
H. Individual has been on prophylactic therapy with filgrastim;

OR
I. Individual has not received prophylactic therapy with granulocyte colony stimulating factor (NCCN Guidelines Myeloid Growth Factors); AND
J. Individual has a high risk for infection-associated complications as demonstrated by any of the following (NCCN 2A):
   1. Expected prolonged (greater than 10 days) and profound (less than 0.1 x 10$^9$/L) neutropenia; OR
   2. Age greater than 65 years; OR
   3. Pneumonia or other clinically documented infections; OR
   4. Hypotension and multi organ dysfunction (sepsis syndrome); OR
   5. Invasive fungal infection; OR
   6. Prior episode of febrile neutropenia; OR
   7. Hospitalized at the time of the development of fever;

OR
K. Individual has a diagnosis of acute lymphocytic leukemia (ALL); AND
L. Individual is using after completion of the first few days of initial induction chemotherapy or first post-remission course of chemotherapy (AHFS, NCCN

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
Guidelines Acute Lymphoblastic Leukemia)

OR
M. Individual is 18 years of age or older and has a diagnosis of acute myeloid leukemia (AML); **AND**
N. Individual is using shortly after the completion of induction or repeat induction chemotherapy, or after the completion of consolidation chemotherapy for AML;

OR
O. Individual has a diagnosis of hairy cell leukemia with severe neutropenia (AHFS, NCCN Guidelines Hairy Cell Leukemia);

OR
P. Individual has a diagnosis of myelodysplastic syndromes (MDS) (NCCN 2A); **AND**
Q. Individual has severe neutropenia (ANC less than or equal to 500 mm$^3$) or experiencing recurrent infection or resistant infections;

OR
R. Individual is receiving dose dense therapy (treatment given more frequently, such as every 2 weeks instead of every 3 weeks) for adjuvant treatment of breast cancer (ASCO Smith 2015);

OR
S. Individual is using for chronic administration to reduce the incidence and duration of sequelae of neutropenia (for example, fever, infections, oropharyngeal ulcers) in symptomatic individuals with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia;

OR
T. Individual is using for the treatment of (non-chemotherapy) drug-induced neutropenia (AHFS);

OR
U. Individual is less than 21 years of age and has a diagnosis of glycogen storage disease type 1b; **AND**
V. Individual is using for the treatment of low neutrophil counts (AHFS);

OR
W. Individual is using for the treatment for neutropenia associated with human immunodeficiency virus infection and antiretroviral therapy (AHFS);
This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
<table>
<thead>
<tr>
<th>Market Applicability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market</td>
</tr>
<tr>
<td>Applicable</td>
</tr>
</tbody>
</table>

L. Individual is receiving dose dense therapy (treatment given more frequently, such as every 2 weeks instead of every 3 weeks) for adjuvant treatment of breast cancer (ASCO Smith 2015);

OR

M. Individual is using after accidental or intentional total body radiation of myelosuppressive doses (greater than 2 Grays [Gy]) (such as Hematopoietic Syndrome of Acute Radiation Syndrome);

OR

N. Individual is using after a hematopoietic progenitor stem cell transplant (HPCT/HSCT) to promote myeloid reconstitution or when engraftment is delayed or has failed (NCCN 2A).

IV. Requests for sargramostim (Leukine) may be approved if the following criteria are met:

A. Individual is using as adjunctive treatment for FN: **AND**

B. Individual has not previously received prophylactic granulocyte colony-stimulating factors (NCCN 2A); **AND**

C. Individual has a high risk for infection-associated complications as demonstrated by any of the following (NCCN 2A):

1. Expected prolonged (greater than 10 days) and profound (less than 0.1 x 10⁹/L) neutropenia; **OR**
2. Age greater than 65 years; **OR**
3. Pneumonia or other clinically documented infections; **OR**
4. Hypotension and multi organ dysfunction (sepsis syndrome); **OR**
5. Invasive fungal infection; **OR**
6. Prior episode of febrile neutropenia; **OR**
7. Hospitalized at the time of the development of fever;

OR

D. Individual is receiving dose dense therapy (treatment given more frequently, such as every 2 weeks instead of every 3 weeks) for adjuvant treatment of breast cancer (ASCO Smith 2015);

OR

E. Individual has a diagnosis of acute myeloid leukemia (AML); **AND**

F. Individual is 55 years and older **AND**

G. Individual is using shortly after the completion of induction or repeat induction of chemotherapy of AML;

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
D. Individual’s risk of developing FN is greater than or equal to 10% and less than 20% based on chemotherapy regimen and individual has any risk factors for FN (NCCN 2A):

Patient risk factors for the development of febrile neutropenia include but are not limited to (NCCN Guidelines Version 1.2018):
1. Age greater than 65 years; OR
2. Poor performance status (Eastern Cooperative Oncology Group 3 or 4) or HIV infection (in particular, those with low CD4 counts); OR
3. Prior chemotherapy or radiation therapy; OR
4. Bone marrow involvement by tumor producing cytopenias; OR
5. Persistent neutropenia (absolute neutrophil count [ANC] less than 1500mm³); OR
6. Poor renal function (glomerular filtration rate [GFR] less than 60mL/min); OR
7. Liver dysfunction (liver function tests at least 2X upper limit of normal); OR
8. Recent surgery and/or the presence of open wounds;

OR

E. Individual with nonmyeloid malignancy is using for secondary prophylaxis of FN; AND

F. Individual has experienced a neutropenic complication from a prior cycle of chemotherapy (for which prophylaxis was not received), in which a reduced dose may compromise disease-free or overall survival or treatment outcome (NCCN 2A);

OR

G. Individual is using as an adjunctive treatment for FN;

AND

H. Individual was previously using Granix (tbo-filgrastim) prophylactically (NCCN 2A);

OR

I. Individual has not received prophylactic therapy with a granulocyte colony stimulating factor (NCCN Guidelines Myeloid Growth Factors);

AND

J. Individual has a high risk for infection-associated complications as demonstrated by any of the following:
1. Expected prolonged (greater than 10 days) and profound (less than 0.1 x 10⁹/L) neutropenia (NCCN 2A); OR
2. Age greater than 65 years; OR
3. Pneumonia or other clinically documented infections; OR
4. Hypotension and multi organ dysfunction (sepsis syndrome); OR
5. Invasive fungal infection; OR
6. Prior episode of febrile neutropenia; OR
7. Hospitalized at the time of the development of fever;

OR

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
Market Applicability

<table>
<thead>
<tr>
<th>Market</th>
<th>DC</th>
<th>GA</th>
<th>KY</th>
<th>MD</th>
<th>NJ</th>
<th>NY</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>NA</td>
</tr>
</tbody>
</table>

K. Individual is using after a hematopoietic progenitor stem cell transplant (HPCT/HSCT) to promote myeloid reconstitution or when engraftment is delayed or has failed (NCCN 2A);

OR
L. Individual has a diagnosis of myelodysplastic syndrome (MDS); AND
M. Individual has severe neutropenia (ANC less than or equal to 500mm$^3$) or experiencing recurrent or resistant infections (NCCN 2A);

OR
N. Individual is using to mobilize progenitor cells into peripheral blood for collection by leukapheresis, as an adjunct to peripheral blood/hematopoietic stem cell transplantation (PBSCT/PHSCT) (AHFS).

Colony Stimulating Factors (filgrastim, pegfilgrastim, sargramostim, and tbo-filgrastim) may not be approved for any of the following:

I. Individual is using as prophylaxis for FN, except when criteria above are met; OR
II. Individual is using as treatment in neutropenia in those who are afebrile, except when criteria above are met; OR
III. Individual is using as adjunctive therapy in those with uncomplicated febrile neutropenia, defined as: fever less than 10 days duration, no evidence of pneumonia, cellulitis, abscess, sinusitis, hypotension, multi-organ dysfunction, or invasive fungal infection; and no uncontrolled malignancies; OR
IV. Individual is using for chemosensitization of myeloid leukemias; OR
V. Individual is using for prophylaxis for FN during concomitant chemotherapy and radiation therapy; OR
VI. Individual is continuing use if no response is seen within 28-42 days (individuals who have failed to respond within this time frame are considered non-responders); OR
VII. Individual is using as a technique to increase the numbers of circulating hematopoietic stem cells as treatment of damaged myocardium.

Key References:

4. Lexi-Comp ONLINE™ with AHFS™; Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.