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. Treatment of severe neutropenia in individuals with hairy cell leukemia; or 
E. In an individual with myelodysplastic syndromes (MDS) with severe neutropenia (absolute neutrophils count (ANC) less than or equal to 500 mm$^3$) or experiencing recurrent infection; or 
F. In an individual receiving dose dense therapy (treatment given more frequently, such as every 2 weeks instead of every 3 weeks) for adjuvant treatment of breast cancer; or 
G. 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 
H. Treatment of (non-chemotherapy) drug-induced neutropenia; or 
I. Treatment of low neutrophil counts in individuals with glycogen storage disease type 1b; or 
J. Treatment for neutropenia associated with human immunodeficiency virus (HIV) infection and antiretroviral therapy; or 
K. In individuals receiving radiation therapy in the absence of chemotherapy if prolonged delays secondary to neutropenia are expected; or 
L. After accidental or intentional total body radiation of myelosuppressive doses (greater than 2 Grays [Gy]) (such as Hematopoietic Syndrome of Acute Radiation Syndrome); or 
M. After a hematopoietic progenitor stem cell transplant (HPCT/HSCT) for the following indications: 
   1. To promote myeloid reconstitution; or 
   2. When engraftment is delayed or has failed; or 
N. To mobilize progenitor cells into peripheral blood for collection by leukapheresis, as an adjunct to peripheral blood/hematopoietic stem cell transplantation (PBSCT/PHSCT); or 
O. Use as an alternate or adjunct to donor leukocyte infusions (DLI) in individuals with leukemic relapse after an allogeneic hematopoietic stem cell transplant.

III. Requests for pegfilgrastim (Neulasta, Neulasta on-body injector delivery kit) may be approved for individuals who meet any of the following criteria:

A. In an individual with acute lymphocytic leukemia (ALL) after completion of the first few days of initial induction chemotherapy or first post-remission course of chemotherapy; or 
B. In an individual with myelodysplastic syndromes (MDS) with severe neutropenia (absolute neutrophils count (ANC) less than or equal to 500 mm$^3$) or experiencing recurrent infection; or
Market Applicability/Effective Date

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C. In an individual receiving dose dense therapy (treatment given more frequently, such as every 2 weeks instead of every 3 weeks) for adjuvant treatment of breast cancer; or

D. After accidental or intentional total body radiation of myelosuppressive doses (greater than 2 Grays [Gy]) (such as Hematopoietic Syndrome of Acute Radiation Syndrome); or

E. After a hematopoietic progenitor stem cell transplant (HPCT/HSCT) for the following indications:
   1. To promote myeloid reconstitution; or
   2. When engraftment is delayed or has failed.

IV. Requests for sargramostim (Leukine) may be approved for individuals who meet any of the following criteria:

A. In an individual receiving dose dense therapy (treatment given more frequently, such as every 2 weeks instead of every 3 weeks) for adjuvant treatment of breast cancer; or

B. In an individual with acute lymphocytic leukemia (ALL) after completion of the first few days of initial induction chemotherapy or first post-remission course of chemotherapy; or

C. For administration shortly after the completion of induction or repeat induction chemotherapy of acute myeloid leukemia (AML) for individuals over 55 years of age; or

D. In an individual with myelodysplastic syndromes (MDS) with severe neutropenia (absolute neutrophils count (ANC) less than or equal to 500 mm$^3$) or experiencing recurrent infection; or

E. In individuals receiving radiation therapy in the absence of chemotherapy if prolonged delays secondary to neutropenia are expected; or

F. After accidental or intentional total body radiation of myelosuppressive doses (greater than 2 Grays [Gy]) (such as Hematopoietic Syndrome of Acute Radiation Syndrome); or

G. After a hematopoietic progenitor stem cell transplant (HPCT/HSCT) for the following indications:
   1. To promote myeloid reconstitution; or
   2. When engraftment is delayed or has failed; or

H. To mobilize progenitor cells into peripheral blood for collection by leukapheresis, as an adjunct to peripheral blood/hematopoietic stem cell transplantation (PBSCT/PHSCT).

V. Requests for Tbo-Filgrastim (Granix) may be approved for individuals who meet any of the following criteria:

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I. After a hematopoietic progenitor stem cell transplant (HPCT/HSCT) for the following indications:
   1. To promote myeloid reconstitution; or
   2. When engraftment is delayed or has failed; or

J. To mobilize progenitor cells into peripheral blood for collection by leukapheresis, as an adjunct to peripheral blood/hematopoietic stem cell transplantation (PBSCT/PHSCT).

May not be approved:

The use of CSFs (filgrastim, filgrastim-sndz, pegfilgrastim, sargramostim and tbo-filgrastim) may not be approved for any of the following:

1. As prophylaxis for FN, except when criteria above are met; or
2. As treatment in neutropenic individuals who are afebrile, except when criteria above are met; or
3. As adjunctive therapy in individuals 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
4. Chemo sensitization of myeloid leukemias; or
5. As prophylaxis for FN during concomitant chemotherapy and radiation therapy; or
6. Continued 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
7. For uses not meeting the criteria above.
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DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2015; Updated periodically.

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