

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Filgrastim biologics (Zarxio, Neupogen)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- Latex free products: Granix, Nivestym, Neupogen vials

Filgrastim-sndz (Zarxio)

Non-Formulary **Filgrastim-sndz (Zarxio)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria -AND- Criteria for current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously: Non-Formulary **Filgrastim-sndz (Zarxio)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of cancer and receiving myelosuppressive chemotherapy
- Patient has an allergy or intolerance* to tbo-filgrastim (Granix) AND filgrastim-aafi (nivestym)

Filgrastim (Neupogen)

Non-Formulary **filgrastim prefilled syringe (Neupogen)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria -AND- Criteria for current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously: Non-formulary **filgrastim prefilled syringe (Neupogen)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of cancer and receiving myelosuppressive chemotherapy
- Patient has a documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio) and filgrastim-aafi (Nivestym)

Non-Formulary **filgrastim vial (Neupogen)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

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Filgrastim biologics (Zarxio, Neupogen)

Initiation (new start) criteria- AND- Criteria for current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously: Non-formulary **filgrastim vial (Neupogen)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of cancer and receiving myelosuppressive chemotherapy
- Patient has a documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio) and filgrastim-aafi (Nivestym)

-OR-

- Patient has a documented latex allergy
- Patient has a documented intolerance to filgrastim-aafi (Nivestym) -AND- tbo-filgrastim (Granix)

-OR-

- Patient has a documented intolerance to filgrastim-aafi (Nivestym) -AND- tbo-filgrastim (Granix)
- Dose cannot be given using prefilled syringes (300 mcg and 480 mcg)