

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

Pegfilgrastim (Neulasta)

Notes:

- Quantity Limits: Yes

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

Initiation (new start) criteria: Non-formulary **pegfilgrastim (Neulasta)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist AND diagnosis of cancer and receiving myelosuppressive chemotherapy AND patient does NOT have an allergy to latex
- Documented intolerance to filgrastim-sndz (Zarxio) and filgrastim-aafi (Nivestym) and filgrastim (Neupogen)
- Documented intolerance to pegfilgrastim-jmdb (Fulphila), pegfilgrastim-apgf (Nyvepria), pegfilgrastim-cbqv (Udenyca), and pegfilgrastim-bmez (Ziextenzo)
-OR-
- Documented needle phobia