

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

## Pegfilgrastim-cbqv (Udencya)

### Notes:

- Quantity Limits: Yes

Non-Formulary **pegfilgrastim-cbqv (Udencya)** requires a clinical review.

Appropriateness of therapy will be based on the following criteria:

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

- Prescribed by a hematologist or oncologist AND patient has a diagnosis of cancer and is receiving myelosuppressive chemotherapy
- Any of the following:
  1. Documented intolerance to filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
  2. Documented latex allergy AND intolerance to filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
  3. Documented needle phobia AND intolerance to pegfilgrastim-jmdb (Fulphila)
  4. Patient is a pediatric member (less than 18 years old) with documented intolerance to pegfilgrastim-jmdb (Fulphila)