

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

Pegfilgrastim biologics (Fulphila, Neulasta, Neulasta Onpro, Nyvepria, Ziextenzo)

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 include Fulphila, Nyvepria, Udenyca

Pegfilgrastim-jmdb (Fulphila)

Non-Formulary **pegfilgrastim-jmdb (Fulphila)** 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 **pegfilgrastim-jmdb (Fulphila)** 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:
 - Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), and filgrastim (Neupogen)
 - Documented latex allergy AND intolerance* to tbo-filgrastim (Granix), filgrastim-aafi (Nivestym) and filgrastim (Neupogen)
 - Documented needle phobia
 - Patient is a pediatric member (less than 18 years old)

Pegfilgrastim (Neulasta, Neulasta Onpro)

Non-Formulary **pegfilgrastim (Neulasta, Neulasta Onpro)** 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 **pegfilgrastim (Neulasta, Neulasta Onpro)** will be covered on the prescription drug benefit when the following criteria are met:

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Pegfilgrastim biologics (Fulphila, Neulasta, Neulasta Onpro, Nyvepria, Ziextenzo)

- 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 tbo-filgrastim (Granix), 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

Pegfilgrastim-apgf (Nyvepria)

Non-Formulary **pegfilgrastim-apgf (Nyvepria)** 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 **pegfilgrastim-apgf (Nyvepria)** 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:
 - Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented latex allergy AND intolerance to tbo-filgrastim (Granix), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented needle phobia AND intolerance* to pegfilgrastim-jmdb (Fulphila)
 - Patient is a pediatric member (less than 18 years old) with documented intolerance to pegfilgrastim-jmdb (Fulphila)

Pegfilgrastim-bmez (Ziextenzo)

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Revised: 2/12/26
Effective: 4/2/26

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Non-Formulary **pegfilgrastim-bmez (Ziextenzo)** 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 **pegfilgrastim-bmez (Ziextenzo)** 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 AND patient does NOT have an allergy to latex
- Any of the following:
 - Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented needle phobia AND intolerance* to pegfilgrastim-jmdb (Fulphila)
 - Patient is a pediatric member (less than 18 years old) with documented intolerance to pegfilgrastim-jmdb (Fulphila)

Pegfilgrastim-cbqv (Udenyca)

Non-Formulary **pegfilgrastim-cbqv (Udenyca)** 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 **pegfilgrastim-cbqv (Udenyca)** 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:
 - Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)

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- Documented needle phobia AND intolerance* to pegfilgrastim-jmdb (Fulphila)
- Patient is a pediatric member (less than 18 years old) with documented intolerance to pegfilgrastim-jmdb (Fulphila)

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