SPECIALTY GUIDELINE MANAGEMENT

NEUPOGEN (filgrastim)
GRANIX (tbo-filgrastim)
ZARXIO (filgrastim-sndz)

POLICY
A. INDICATIONS
The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Neupogen
- Cancer Patients Receiving Myelosuppressive Chemotherapy
  - Neupogen is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.
- Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation
  - Neupogen is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of adults with acute myeloid leukemia.
- Cancer Patients Receiving Bone Marrow Transplant
  - Neupogen is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (eg, febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by marrow transplantation.
- Patients Undergoing Peripheral Blood Progenitor Cell Collection and Therapy
  - Neupogen is indicated for the mobilization of hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.
- Patients With Severe Chronic Neutropenia
  - Neupogen is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (eg, fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

Granix
Granix is indicated to reduce the duration of severe neutropenia in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

Zarxio
- Cancer Patients Receiving Myelosuppressive Chemotherapy
  - Zarxio is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.
- Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation
  - Zarxio is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of adults with acute myeloid leukemia.
- Cancer Patients Receiving Bone Marrow Transplant
  - Zarxio is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (eg, febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by marrow transplantation.
- Patients Undergoing Peripheral Blood Progenitor Cell Collection and Therapy
  - Zarxio is indicated for the mobilization of hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.
- Patients With Severe Chronic Neutropenia
Zarxio is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

Compendial Uses (Neupogen/Granix/Zarxio)
- Treatment of chemotherapy-induced febrile neutropenia in patients with non-myeloid malignancies
- Treatment of neutropenia in patients with myelodysplastic syndromes (MDS)
- Treatment of symptomatic anemia in patients with MDS, in combination with epoetin or darbepoetin
- Following chemotherapy for acute lymphocytic leukemia (ALL)
- Leukemic relapse following allogeneic stem cell transplantation
- Agranulocytosis
- Aplastic anemia
- Neutropenia related to HIV/AIDS
- Neutropenia related to renal transplantation

All other indications are considered experimental/investigational and are not a covered benefit.

B. CRITERIA FOR APPROVAL

1. Neutropenia in cancer patients receiving myelosuppressive chemotherapy
   Note: Length of chemotherapy cycle, total number of cycles planned, and day of cycle on which Neupogen/Granix/Zarxio will be administered must be documented.
   a. Authorization of 6 months may be granted for members who are prescribed Neupogen/Granix/Zarxio for prevention of febrile neutropenia when all of the following criteria are met:
      i. Member has a non-myeloid malignancy (refer to section 6. for the diagnosis of ALL)
      ii. Member is currently receiving or will be receiving myelosuppressive chemotherapy or radiotherapy
      iii. Neupogen/Granix/Zarxio will NOT be administered less than 24 hours before or less than 24 hours after chemotherapy or radiotherapy
   b. Authorization of 6 months may be granted for members who are prescribed Neupogen/Granix/Zarxio for the treatment of a current episode of febrile neutropenia when all of the following criteria are met:
      i. Member has a non-myeloid malignancy (refer to section 6. for the diagnosis of ALL)
      ii. Member is currently receiving myelosuppressive chemotherapy or radiotherapy
      iii. Neupogen/Granix/Zarxio will NOT be administered less than 24 hours before or less than 24 hours after chemotherapy or radiotherapy
      iv. Member did NOT receive pegylated G-CSF (e.g., Neulasta) during the current chemotherapy cycle

2. Acute myeloid leukemia (AML)
   a. Authorization of 6 months may be granted for members with AML.

3. Stem cell transplantation-related indications
   a. Authorization of 6 months may be granted for members who are prescribed Neupogen/Granix/Zarxio for any of the following indications:
      i. Peripheral blood progenitor cell (PBPC) mobilization/collection prior to transplantation
      ii. Use following bone marrow transplantation or PBPC transplantation
      iii. Leukemic relapse after allogeneic stem cell transplantation

4. Severe chronic neutropenia
   a. Authorization of 6 months may be granted for members with severe chronic neutropenia (congenital, cyclic, or idiopathic).

5. Myelodysplastic syndromes
   a. Authorization of 6 months may be granted for members with MDS who are prescribed Neupogen/Granix/Zarxio for either of the following indications:
      i. Treatment of neutropenia and member has recurrent or resistant infections
      ii. Treatment of symptomatic anemia and Neupogen/Granix/Zarxio will be used with epoetin or darbepoetin
6. **Acute lymphocytic leukemia (ALL)**
   a. Authorization of 6 months may be granted for members with ALL.

7. **Other Indications**
   a. Authorization of 6 months may be granted for members who are prescribed Neupogen/Granix/Zarxio for any of the following indications:
      i. Agranulocytosis
      ii. Aplastic anemia
      iii. Neutropenia related to HIV/AIDS
      iv. Neutropenia related to renal transplantation

C. **CONTINUATION OF THERAPY**
   All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

D. **DOSAGE AND ADMINISTRATION**
   Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

**REFERENCES**