

SPECIALTY GUIDELINE MANAGEMENT

NEULASTA (pegfilgrastim)

POLICY

I. 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.

A. FDA-Approved Indication

Neulasta 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 clinically significant incidence of febrile neutropenia.

B. Compendial Use

Stem cell transplantation-related indications

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

II. CRITERIA FOR INITIAL APPROVAL

A. **Prevention of neutropenia in cancer patients receiving myelosuppressive chemotherapy**

Authorization of 6 months may be granted for prevention of febrile neutropenia when both of the following criteria are met:

1. Member has a non-myeloid malignancy and is currently receiving, or will be receiving myelosuppressive anti-cancer therapy
2. Neulasta will not be administered less than 24 hours before or after chemotherapy or radiotherapy

B. **Stem cell transplantation-related indications**

Authorization of 6 months may be granted for stem cell transplantation-related indications.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Neulasta [package insert]. Thousand Oaks, CA: Amgen Inc.; December 2016.
2. Micromedex Solutions [database online]. Ann Arbor, MI: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed July 7, 2017.
3. The NCCN Drugs & Biologics Compendium® © 2017 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed July 7, 2017.

Neulasta SGM P2017

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4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Myeloid Growth Factors. Version 1.2017. http://www.nccn.org/professionals/physician_gls/pdf/myeloid_growth.pdf. Accessed July 7, 2017.
5. Aapro MS, Bohlius J, Cameron DA, et al. 2010 update of EORTC guidelines for the use of granulocyte-colony stimulating factor to reduce the incidence of chemotherapy-induced febrile neutropenia in adult patients with lymphoproliferative disorders and solid tumors. *Eur J Cancer*. 2011;47(1):8-32.
6. Smith TJ, Bohlke K, Lyman GH, et al. Recommendations for the use of white blood cell growth factors: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol*. 2015;33(28):3199-3212.

Neulasta SGM P2017

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