

PHARMACY BENEFIT DETERMINATION POLICY



Title: DDP-15 G-CSF Agents

Effective Date: 07/12/2019

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Pharmacy Benefit Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

G-CSF Agents are specialty drugs indicated for a number of diagnoses and are associated with significant toxicity. These criteria were developed and implemented to ensure appropriate use for the intended diagnoses and mitigation of toxicity, if possible.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

A. Neupogen/Zarxio/Granix (filgrastim SC/IV)

1. Status: preferred agent.
2. Quantity limits:
 - a. Covered without prior authorization: #10 syringes/30 days (*may refill at day 24*).
 - b. Prior authorization required: >#10/24 days.

B. Neulasta (pegfilgrastim)

1. Status: non-preferred.
2. Indications:
 - a. Myelosuppressive chemotherapy in non-myeloid malignancies: reduce incidence of infection in non-myeloid cancer receiving myelosuppressive chemotherapy with significant incidence of neutropenia with fever.
 - b. Hematopoietic radiation injury syndrome, acute: increase survival in patients acutely exposed to myelosuppressive doses of radiation (all below):

- i. Radiation exposure: ≥ 2 Gray.
 - ii. Absolute lymphocyte count: significant decrease.
 - iii. Neutropenia: anticipated to be $< 500/\text{mm}^3$ for ≥ 7 days.
3. Other therapies (one below):
- a. Failure Neupogen/Zarxio/Granix (filgrastim SC/IV): required > 10 days of daily filgrastim therapy to obtain acceptable ANC.
 - b. Significant adverse effects or administration issues with Neupogen/Zarxio/Granix SC/IV (filgrastim).
 - c. Significant physical limitation that limits ability to perform daily injections with no other individual able to perform injection.
4. Quantity limits: one syringe per chemotherapy cycle.

C. Approval

- 1. Duration: 6 months or less depending on the number of cycles
- 2. Billing: through the outpatient prescription drug benefit only.

4.0 Coding:

Filgrastim and pegfilgrastim products are covered under the outpatient prescription drug benefit only.

5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

6.0 References, Citations & Resources:

- 1. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Neupogen/Zarxio/Granix, accessed Mar 2019.
- 2. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Neulasta, accessed March, 2019.

7.0 Appendices:

Appendix I: Monitoring & Patient Safety - Adverse Reactions and Monitoring

Drug	Adverse Reactions	Monitoring	REMS
Neulasta, Udenyca pegfilgrastim SC/IV	<ul style="list-style-type: none"> • MSK: ostealgia (31%) • Preg. category: C 	<ul style="list-style-type: none"> • GI: abdominal pain • Hem: monitor for sickle cell crisis, splenomegaly • Hypersensitivity • MSK: shoulder pain • Preg: adverse event in animal studies • Renal: glomerulonephritis • Resp: pulmonary infiltrates, resp distress • Myelosuppressive chemo: CBC with difference & platelets prior to and as needed • Hematopoietic radiation injury syndrome: CBC at baseline, established absorbed radiation dose 	None needed

8.0 Revision History:

Original Effective Date: December 14, 2005

Last Approval Date: 07/12/2019

Next Review Date: 07/12/2020

Revision Date	Reason for Revision
March 2019	Transfer to new format
April 2019	Presented and approved at P & T Workgroup