

**COLONY STIMULATING FACTORS PA SUMMARY
NEUPOGEN, LEUKINE, NEULASTA**

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for the following diagnoses
 - chemotherapy-induced neutropenia
 - delayed or failed engraftment after a bone marrow transplantation
 - enhancement of peripheral progenitor cell yield
 - absolute neutrophil count less than 1,000

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.