



**GEORGIA MEDICAID FEE-FOR-SERVICE  
COLONY STIMULATING FACTORS PA SUMMARY**

Preferred	Non-Preferred
Fylnetra (pegfilgrastim-pbbk) Leukine (sargramostim) Neupogen (filgrastim)* Nyvepria (pegfilgrastim-apgf)	Fulphila (pegfilgrastim-jmdb) Granix (tbo filgrastim) Neulasta (pegfilgrastim) Nivestym (filgrastim-aafi) Releuko (filgrastim-ayow) Rolvedon (eflapegrastim-xnst) Ryzneuta (efbmalenograstim alfa-vuxw) Stimufend (pegfilgrastim-fpgk) Udenyca (pegfilgrastim-cbqv) Zarxio (filgrastim-sndz) Ziextenzo (pegfilgrastim-bmez)

\*Does not require PA

**LENGTH OF AUTHORIZATION:** 1 year

**NOTES:**

- Preferred products except Neupogen and all non-preferred products require prior authorization.
- **The PA criteria below is for Pharmacy Services only when the medication is administered in the member’s home or long-term care facility.** Physicians administering medication in a clinic or office must bill the medication through Physician Services and not through Pharmacy Services. Information regarding the Providers’ Administered Drug List (PADL) is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) and log in to request coverage from Physician Services.

**PA CRITERIA:**

*Fulphila, Fylnetra, Granix, Neulasta, Nyvepria, Stimufend, Udenyca and Ziextenzo*

- ❖ Approvable for members with a diagnosis of non-myeloid cancer who have chemotherapy-induced neutropenia or who are on a myelosuppressive chemotherapeutic regimen.
- ❖ In addition for Fulphila, Granix, Neulasta, Stimufend, Udenyca and Ziextenzo, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Fylnetra, Neupogen and Nyvepria, are not appropriate for the member.

*Leukine*

- ❖ Approvable for members with the following diagnoses
  - Neutrophil recovery following induction or consolidation chemotherapy in acute myelogenous leukemia (AML)
  - Enhancement of peripheral progenitor cell yield
  - Bone marrow transplantation (BMT)/stem cell transplantation (SCT) and engraftment is delayed or failed
  - Myeloid reconstitution after autologous BMT/SCT or allogeneic BMT/SCT.



- ❖ Approvable for members with a diagnosis of cancer who have chemotherapy-induced neutropenia or who are on a myelosuppressive chemotherapeutic regimen.

#### Nivestym, Releuko and Zarxio

- ❖ Approvable for members with the following diagnoses
  - Neutrophil recovery following induction or consolidation chemotherapy in acute myelogenous leukemia (AML)
  - Bone marrow transplantation (BMT)/stem cell transplantation (SCT)
  - Enhancement of peripheral progenitor cell yield, **AND**
- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Neupogen, is not appropriate for the member.
- ❖ Approvable for members with a diagnosis of severe chronic neutropenia when the absolute neutrophil count (ANC) is less than 500 mm<sup>3</sup>. In addition, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Neupogen, is not appropriate for the member.
- ❖ Approvable for members with a diagnosis of non-myeloid cancer who have chemotherapy-induced neutropenia or who are on a myelosuppressive chemotherapeutic regimen. In addition, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Fylnetra, Neupogen and Nyvepria, are not appropriate for the member.

#### Rolvedon and Ryzneuta

- ❖ Approvable if the following criteria are met:
  - Member has a diagnosis of prevention of chemotherapy-induced neutropenia in non-myeloid cancer; **AND**
  - Member has chemotherapy-induced neutropenia or the is member on a myelosuppressive chemotherapeutic regimen; **AND**
  - Member has experienced inadequate responses or intolerable side effects with the preferred products, filgrastim (Neupogen) and pegfilgrastim (Fylnetra and Nyvepria).

#### **EXCEPTIONS:**

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

#### **PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

#### **PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

#### **QUANTITY LEVEL LIMITATIONS:**



- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.