GEORGIA DEPARTMENT OF COMMUNITY HEALTH

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

Preferred	Non-Preferred
Fulphila (pegfilgrastim-jmdb) Leukine (sargramostim) Neupogen (filgrastim)* Nyvepria (pegfilgrastim-apgf) Udenyca (pegfilgrastim-cbqv) Ziextenzo (pegfilgrastim-bmez)	Granix (tbo filgrastim) Neulasta (pegfilgrastim) Nivestym (filgrastim-aafi) Zarxio (filgrastim-sndz)

*does not require PA

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- Preferred products and non-preferred products require prior authorization.
- **The PA criteria below is for Pharmacy Services only.** Physicians administering medication in a clinic or office must bill the drug through Physician Services and not through Pharmacy Services. Information regarding the Providers' Administered Drug List (PADL) is located at www.mmis.georgia.gov and log in to request coverage from Physician Services.

PA CRITERIA:

Fulphila, Granix, Neulasta, Nyvepria, 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 Granix and Neulasta, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Fulphila, Neupogen, Nyvepria, Udenyca and Ziextenzo, are not appropriate for the member.
- ❖ Must be prescribed by or in consultation with an oncologist or hematologist.

Leukine

- ❖ Approvable for members with the following diagnoses
  - o Neutrophil recovery following induction or consolidation chemotherapy in acute myelogenous leukemia (AML)
  - o Enhancement of peripheral progenitor cell yield
  - o Bone marrow transplantation (BMT)/stem cell transplantation (SCT) and engraftment is delayed or failed
  - o 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.
- ❖ Must be prescribed by or in consultation with an oncologist or hematologist.

Nivestym and Zarxio

- ❖ Approvable for members with the following diagnoses

- o Neutrophil recovery following induction or consolidation chemotherapy in acute myelogenous leukemia (AML)
    - o Bone marrow transplantation (BMT)/stem cell transplantation (SCT)
    - o Enhancement of peripheral progenitor cell yield.
- ❖ In addition for Nivestym and Zarxio, 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^3. In addition for Nivestym and Zarxio, 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 for Nivestym and Zarxio, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Fulphila, Neupogen, Nyvepria, Udenyca and Ziextenzo, are not appropriate for the member.
- ❖ Must be prescribed by or in consultation with an oncologist or hematologist.

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 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, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL list.