



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

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

*Does not require PA

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- Preferred products except Neupogen and 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 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 and Udenyca, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Fylnetra, Neupogen, Nyvepria and Ziextenzo, 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 mm³. 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, Nyvepria and Ziextenzo, are not appropriate for the member.

Rolvedon

- ❖ 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, Nyvepria, Ziextenzo).

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.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**