

**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.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.