SPECIALTY GUIDELINE MANAGEMENT

NEULASTA (pegfilgrastim)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication
Neulasta is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

B. Compendial Use
Mobilization of peripheral blood progenitor cells prior to autologous transplantation

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Prevention of neutropenia in cancer patients receiving myelosuppressive chemotherapy
Authorization of 6 months may be granted for prevention of febrile neutropenia when both of the following criteria are met:
1. Member has a non-myeloid malignancy and currently receiving or will be receiving myelosuppressive anti-cancer therapy
2. Neulasta will not be administered less than 24 hours before or after chemotherapy or radiotherapy

B. Mobilization of peripheral blood progenitor cells (PBPCs)
Authorization of 6 months may be granted for mobilization of PBPCs prior to autologous transplantation.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Neulasta [package insert]. Thousand Oaks, CA: Amgen Inc.; April 2016.
2. Micromedex Solutions [database online]. Ann Arbor, MI: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed July 11, 2016.
3. The NCCN Drugs & Biologics Compendium® © 2016 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed July 11, 2016.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Myeloid Growth Factors. Version 1.2016. http://www.nccn.org/professionals/physican_gls/pdf/myeloid_growth.pdf. Accessed July 8, 2016.

5. Aapro MS, Bohlius J, Cameron DA, et al. 2010 update of EORTC guidelines for the use of granulocyte-colony stimulating factor to reduce the incidence of chemotherapy-induced febrile neutropenia in adult patients with lymphoproliferative disorders and solid tumors. *Eur J Cancer*. 2011;47(1):8-32.
6. Smith TJ, Bohlke K, Lyman GH, et al. Recommendations for the use of white blood cell growth factors: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol*. 2015;33(28):3199-3212.