

Myeloid Growth Factors



Included Products: Fylnetra (pegfilgrastim-pbbk), Nyvepria (pegfilgrastim-apgf)

10/1/18 Note on product preference: The pharmacy formulary identifies preferred products with an emphasis on biosimilars (with exception for nonformulary Neulasta OnPro). The medical benefit currently allows access equally.

Myeloid growth factors (MGFs) are indicated for the prevention of neutropenic fever – not for the prevention of neutropenia itself. Neutropenia is an expected side effect of many antineoplastic drugs and chemotherapy regimens. MGFs reduce the duration of neutropenia, not the magnitude (known as the nadir). Clinical practice guidelines (NCCN, ESMO, ASCO) adopt the same stance regarding when prophylaxis with MGFs is appropriate using evidence-based recommendations. MGFs are also generally not recommended for the treatment of febrile neutropenia.

- Indicated when the risk of febrile neutropenia is > 20%
- Indicated when the risk of febrile neutropenia is 10-20% plus a risk factor
- Indicated when a patient experienced febrile neutropenia with a previous chemotherapy regimen
- MGF's may still be appropriate in cases where the risk of febrile neutropenia is <10% but clinicians should be providing justification in these cases

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Reviewed: 09/08/2022

Updated: 06/01/2023

All Diagnoses

Initial Criteria		If yes	If no
1.	Is this request for Leukine?	Continue to #9.	Continue to #2.
2.	Is this request for prevention of febrile neutropenia in patients undergoing myelosuppressive chemotherapy?	Continue to #10.	Continue to #3.
3.	Is this request for the treatment of febrile neutropenia? Note: treatment of neutropenia without fever after chemotherapy is not an indication for G-CSF use and should be denied for appropriateness.	Continue to #4.	Continue to #6.
4.	Is this request for filgrastim or any of its biosimilars? Note: Pegfilgrastim is a long-acting, one-time injection so it is not appropriate for treating febrile neutropenia.	Continue to #5.	Do not approve. Not medically appropriate.

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5.	Does the patient have any of the following risk factors? a. Expected hospital stay >10 days b. Profound neutropenia (<100 cells/uL) c. Age>65 d. Pneumonia or other clinically documented infection e. Sepsis syndrome f. Invasive fungal infections g. Prior episode of febrile neutropenia h. Developed fever after being hospitalized (i.e. hospital acquired infection)	Continue to #10.	Do not approve. Not medically necessary.
6.	Does the member have a diagnosis of neutropenia associated with Hepatitis C treatment?	Review for medical necessity.	Continue to #7.
7.	Does the member have acute radiation poisoning?	Continue to #10.	Continue to #8.
8.	Does the member have one of the following diagnoses/ procedures for approval of the medication? a. Bone marrow transplant (allogenic or autologous). b. Autologous peripheral blood progenitor cells (PBPC) transplant. c. Severe chronic neutropenia. d. AIDS. e. Myelodysplastic syndromes.	Continue to #10.	Do not approve. Not medically appropriate.
9.	Is Leukine FDA indicated or supported by the NCCN for the requested use?	Continue to #10.	Do not approve.
10.	Is the requested product preferred or formulary on the benefit?	Continue to #12.	Continue to #11.
11.	Is there a reason the preferred product cannot be used on the benefit?	Continue to #12.	Do not approve and offer preferred alternatives.
12.	Approve for 12 months.		

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Preferred Products

Pharmacy Benefit	Brand	Generic
Formulary	Fylnetra	pegfilgrastim-pbbk
	Nivestym	filgrastim-aafi
Non-formulary	Granix	tbo-filgrastim
	Neupogen	filgrastim
	Releuko	filgrastim-ayow
	Zarxio	filgrastim-sndz
	Fulphila	pegfilgrastim-jmdb
	Neulasta	pegfilgrastim
	Neulasta Onpro	pegfilgrastim
	Nyvepria	pegfilgrastim-apgf
	Rolvedon	eflapegastim-xnst
	Stimufend	pegfilgrastim-fpgk
	Udenyca	pegfilgrastim-cbqv
	Ziextenzo	pegfilgrastim-bmez
	Leukine	sargramostim