



Colony Stimulating Factors: Neulasta® (pegfilgrastim) (Subcutaneous)

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I. Length of Authorization

Coverage will be provided for four months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Neulasta 6 mg prefilled syringe: 1 syringe per 14 days

B. Max Units (per dose and over time) [Medical Benefit]:

- 1 billable unit weekly x 2 doses for Acute Radiation Exposure
- 1 billable unit per 14 days for all other indications

III. Initial Approval Criteria

Coverage is provided in the following conditions:

Prophylactic use in patients with non-myeloid malignancy †

- Patient is undergoing myelosuppressive chemotherapy with an expected incidence of febrile neutropenia* of 20% or greater §; **OR**
- Patient is undergoing myelosuppressive chemotherapy with an expected incidence of febrile neutropenia* of 10% or greater § **AND** one or more of the following co-morbidities:
 - Age >65 receiving full dose intensity
 - History of recurrent febrile neutropenia from chemotherapy
 - Extensive prior exposure to chemotherapy
 - Previous exposure of pelvis, or other areas of large amounts of bone marrow, to radiation
 - Persistent neutropenia (ANC \leq 1000/mm³)
 - Bone marrow involvement with tumor

- Patient has a condition that can potentially increase the risk of serious infection (i.e. HIV/AIDS with low CD4 counts)
- Recent surgery and/or open wounds
- Poor performance status
- Renal dysfunction (creatinine clearance <50)
- Liver dysfunction (elevated bilirubin >2.0)
- Chronic immunosuppression in the post-transplant setting, including organ transplant

Note: dose-dense therapy, in general, requires growth factor support to maintain dose intensity and schedule. In the palliative setting, consideration should be given to dose reduction or change in regimen

Patient who experienced a neutropenic complication from a prior cycle of the same chemotherapy §‡

Note: dose-dense therapy, in general, requires growth factor support to maintain dose intensity and schedule. In the palliative setting, consideration should be given to dose reduction or change in regimen

Patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome) †

Bone marrow transplantation (BMT) failure or engraftment delay ‡

Peripheral blood progenitor cell (PBPC) mobilization and transplant ‡

† FDA-labeled indication(s); ‡ Compendia recommended indication(s)

*Febrile neutropenia is defined as:

- a single temperature ≥ 38.3 °C orally or ≥ 38.0 °C over 1 h; **AND**
- neutropenia <500 neutrophils/mcL or <1,000 neutrophils/mcL and a predicted decline to ≤ 500 neutrophils/mcL over the next 48 h

§ *Expected incidence of febrile neutropenia percentages for myelosuppressive chemotherapy regimens can be found in the NCCN Myeloid Growth Factors Clinical Practice Guideline at NCCN.org*

IV. Renewal Criteria

Same as initial prior authorization policy criteria.

V. Dosage/Administration

Indication	Dose
All other indications*	<ul style="list-style-type: none"> - <10 kg = 0.1 mg/kg - 10-20 kg = 1.5 mg

	<ul style="list-style-type: none"> - 21-30 kg = 2.5 mg - 31-44 kg = 4 mg - 45 kg and up = 6 mg Dosed no more frequently than every 14 days
Acute Radiation Exposure	6 mg subcutaneously weekly x 2 doses (Use weight based dosing for pediatrics weighing <45 kg)

*Do not administer within 14 days before and 24 hours after administration of cytotoxic chemotherapy

*Onpro On-body Injector may be applied on the same day as chemotherapy as long as the Neulasta is administered no less than 24 hours after administration of chemotherapy. Not recommended for use in patients with acute radiation exposure or in pediatric patients

VI. Billing Code/Availability Information

Jcode:

- J2505 – Injection, pegfilgrastim, 6 mg; 1 billable unit = 6 mg

NDC:

- Neulasta 6 mg prefilled syringe: 55513-0190-xx
- Neulasta 6 mg prefilled syringe Onpro Kit: 55513-0192-xx

VII. References

1. Neulasta [package insert]. Thousand Oaks, CA; Amgen Inc; April 2019. Accessed May 2019.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) pegfilgrastim. National Comprehensive Cancer Network, 2019. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed May 2019.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Hematopoietic Growth Factors. Version 2.2019. National Comprehensive Cancer Network, 2019. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed May 2019.
4. Russel N, Mesters R, Schubert J, et al. A phase 2 pilot study of pegfilgrastim and filgrastim for mobilizing peripheral blood progenitor cells in patients with non-Hodgkin's lymphoma receiving chemotherapy. *Haematologica* March 200893:405-412;doi:10.3324/haematol.11287
5. Isidori A, Tani M, Bonifazi F, et al. Phase II study of a single pegfilgrastim injection as an adjunct to chemotherapy to mobilize stem cells into the peripheral blood of pretreated lymphoma patients. *Haematologica* January 200590:225-231

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10. Wisconsin Physicians Service Insurance Corporation. Local Coverage Article: Human Granulocyte/Macrophage Colony Stimulating Factors Billing and Coding Guidelines (A56274). Centers for Medicare & Medicaid Services, Inc. Updated on 03/19/2019 with effective date 03/19/2019. Accessed May 2019.
11. First Coast Service Options, Inc. Local Coverage Determination (LCD): Pegfilgrastim (Neulasta®) (L33747). Centers for Medicare & Medicaid Services, Inc. Updated on 01/25/2019 with effective date 01/01/2019. Accessed May 2019.
12. National Government Services, Inc. Local Coverage Article: Filgrastim, Pegfilgrastim, Tbofilgrastim and biosimilars - Related to LCD L33394 (A52408). Centers for Medicare & Medicaid Services, Inc. Updated on 12/28/2018 with effective date 01/01/2019. Accessed May 2019.
13. Palmetto GBA. Local Coverage Article: Neulasta® (pegfilgrastim) Onpro® Kit (On-Body Injector) (A54682). Centers for Medicare & Medicaid Services, Inc. Updated on 5/11/2018 with effective date 5/17/2018. Accessed May 2019.
14. CGS Administrators, LLC. Local Coverage Article: Neulasta® (pegfilgrastim) (A54826). Centers for Medicare & Medicaid Services, Inc. Updated on 1/29/2019 with effective date 1/1/2019. Accessed May 2019.
15. Palmetto GBA. Local Coverage Determination: White Cell Colony Stimulating Factors (L37176). Centers for Medicare & Medicaid Services, Inc. Updated on 03/15/2019 with effective date 03/21/2019. Accessed May 2019.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
D61.810	Antineoplastic chemotherapy induced pancytopenia
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.9	Neutropenia, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs subsequent encounter

ICD-10	ICD-10 Description
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs sequela
T66.XXXA	Radiation sickness, unspecified, initial encounter
T66.XXXD	Radiation sickness, unspecified, subsequent encounter
T66.XXXS	Radiation sickness, unspecified, sequela
W88.1XXA	Exposure to radioactive isotopes, initial encounter
W88.1XXD	Exposure to radioactive isotopes, subsequent encounter
W88.1XXS	Exposure to radioactive isotopes, sequela
W88.8XXA	Exposure to other ionizing radiation, initial encounter
W88.8XXD	Exposure to other ionizing radiation, subsequent encounter
W88.8XXS	Exposure to other ionizing radiation, sequela
Z41.8	Encounter for other procedures for purposes other than remedying health state
Z48.290	Encounter for aftercare following bone marrow transplant
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy
Z51.89	Encounter for other specified aftercare
Z52.001	Unspecified donor, stem cells
Z52.011	Autologous donor, stem cells
Z52.091	Other blood donor, stem cells
Z76.89	Persons encountering health services in other specified circumstances
Z94.81	Bone marrow transplant status
Z94.84	Stem cells transplant status

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5,8	NCD/LCD Document (s): A56274
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A56274&bc=IAAAAAAAAAAAAA&SearchType=Advanced	
Jurisdiction(s): 6, K	NCD/LCD Document (s): A52408
https://www.cms.gov/medicare-coverage-database/search/document-id-search-results.aspx?DocID=A52408&bc=gAAAAAAAAAAAA&	

Jurisdiction(s): N	NCD/LCD Document (s): L33747
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L33747&bc=gAAAAAAAAAAAA	
Jurisdiction(s): J, M	NCD/LCD Document (s): L37176
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L37176&bc=gAAAAAAAAAAAA	
Jurisdiction(s): 15	NCD/LCD Document (s): A54826
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A54826&bc=gAAAAAAAAAAAA	
Jurisdiction(s): M	NCD/LCD Document (s): A54682
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A54682&bc=gAAAAAAAAAAAA	

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC