

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Filgrastim and pegfilgrastim(Granix, Nivestym, Zarxio, Neupogen, Fulphila, Neulsta, Neulsta Onpro, Nyvepria, Ziextenzo)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Tbo-filgrastim (Granix)

Formulary **tbo-filgrastim (Granix)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Formulary **tbo-filgrastim (Granix)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of cancer and receiving myelosuppressive chemotherapy

Criteria for current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously: Formulary **tbo-filgrastim (Granix)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of cancer and receiving myelosuppressive chemotherapy

Filgrastim-aafi (Nivestym)

Non-Formulary **filgrastim-aafi (Nivsetym)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-Formulary **filgrastim-aafi (Nivsetym)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of cancer and receiving myelosuppressive chemotherapy
- Patient has an allergy or intolerance* to tbo-filgrastim (Granix)

Criteria for current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously: Non-Formulary **filgrastim-aafi (Nivsetym)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of cancer and receiving myelosuppressive chemotherapy
- Patient has an allergy or intolerance* to tbo-filgrastim (Granix)

Filgrastim-sndz (Zarxio)

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Non-Formulary **Filgrastim-sndz (Zarxio)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-Formulary **Filgrastim-sndz (Zarxio)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of cancer and receiving myelosuppressive chemotherapy
- Patient has an allergy or intolerance* to tbo-filgrastim (Granix) AND filgrastim-aafi (nivestym)

Criteria for current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously: Non-formulary **Filgrastim-sndz (Zarxio)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of cancer and receiving myelosuppressive chemotherapy
- Patient has an allergy or intolerance* to tbo-filgrastim (Granix) AND filgrastim-aafi (nivestym)

Filgrastim (Neupogen)

Non-Formulary **filgrastim prefilled syringe (Neupogen)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **filgrastim prefilled syringe (Neupogen)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of cancer and receiving myelosuppressive chemotherapy
- Patient has a documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio) and filgrastim-aafi (Nivestym)
- **Criteria for current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously:** Non-formulary **filgrastim prefilled syringe (Neupogen)** will be covered on the prescription drug benefit when the following criteria are met:
 - Patient has a documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio) and filgrastim-aafi (Nivestym)

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Non-Formulary **filgrastim vial (Neupogen)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **filgrastim vial (Neupogen)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of cancer and receiving myelosuppressive chemotherapy
- Patient has a documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio) and filgrastim-aafi (Nivestym)

-OR-

- Patient has a documented latex allergy
- Patient has a documented intolerance to filgrastim-aafi (Nivestym)

-OR-

- Patient has a documented intolerance to filgrastim-aafi (Nivestym)
- Dose cannot be given using prefilled syringes (300 mcg and 480 mcg)

Criteria for *current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously:* Non-formulary **filgrastim vial (Neupogen)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of cancer and receiving myelosuppressive chemotherapy
- Patient has a documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio) and filgrastim-aafi (Nivestym)

-OR-

- Patient has a documented latex allergy
- Patient has a documented intolerance to filgrastim-aafi (Nivestym)

-OR-

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Filgrastim and pegfilgrastim(Granix, Nivestym, Zarxio, Neupogen, Fulphila, Neulsta, Neulsta Onpro, Nyvepria, Ziextenzo)

- Patient has a documented intolerance to filgrastim-aafi (Nivestym)
- Dose cannot be given using prefilled syringes (300 mcg and 480 mcg)

Pegfilgrastim-jmdb (Fulphila)

Non-Formulary **pegfilgrastim-jmdb (Fulphila)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **pegfilgrastim-jmdb (Fulphila)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist AND patient has a diagnosis of cancer and is receiving myelosuppressive chemotherapy
- Any of the following:
 - Documented intolerance to tbo-filgrasim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), and filgrastim (Neupogen)
 - Documented latex allergy AND intolerance to tbo-filgrastim (Granix), filgrastim-aafi (Nivestym) and filgrastim (Neupogen)
 - Documented needle phobia
 - Patient is a pediatric member (less than 18 years old)

Criteria for current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously: Non-formulary **pegfilgrastim-jmdb (Fulphila)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist AND patient has a diagnosis of cancer and is receiving myelosuppressive chemotherapy
- Any of the following:
 - Documented intolerance to tbo-filgrasim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), and filgrastim (Neupogen)
 - Documented latex allergy AND intolerance to tbo-filgrastim (Granix), filgrastim-aafi (Nivestym) and filgrastim (Neupogen)
 - Documented needle phobia
 - Patient is a pediatric member (less than 18 years old)

Pegfilgrastim (Neulasta, Neulasta onpro)

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

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Non-Formulary **pegfilgrastim (Neulasta)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **pegfilgrastim (Neulasta)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist AND diagnosis of cancer and receiving myelosuppressive chemotherapy AND patient does NOT have an allergy to latex
- Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio) and filgrastim-aafi (Nivestym) and filgrastim (Neupogen)
- Documented intolerance to pegfilgrastim-jmdb (Fulphila), pegfilgrastim-apgf (Nyvepria), pegfilgrastim-cbqv (Udenyca), and pegfilgrastim-bmez (Ziextenzo)
- OR-
- Documented needle phobia
- **Criteria for current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously:** Non-formulary **pegfilgrastim (Neulasta)** will be covered on the prescription drug benefit when the following criteria are met:
 - Prescribed by a hematologist or oncologist AND diagnosis of cancer and receiving myelosuppressive chemotherapy AND patient does NOT have an allergy to latex
 - Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio) and filgrastim-aafi (Nivestym) and filgrastim (Neupogen)
 - Documented intolerance to pegfilgrastim-jmdb (Fulphila), pegfilgrastim-apgf (Nyvepria), pegfilgrastim-cbqv (Udenyca), and pegfilgrastim-bmez (Ziextenzo)
 - OR-
 - Documented needle phobia

Pegfilgrastim-apgf (Nyvepria)

Non-Formulary **pegfilgrastim-apgf (Nyvepria)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **pegfilgrastim-apgf (Nyvepria)** will be covered on the prescription drug benefit when the following criteria are met:

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- Prescribed by a hematologist or oncologist AND patient has a diagnosis of cancer and is receiving myelosuppressive chemotherapy
- Any of the following:
 - Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented latex allergy AND intolerance to filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented needle phobia AND intolerance to pegfilgrastim-jmdb (Fulphila)
 - Patient is a pediatric member (less than 18 years old) with documented intolerance to pegfilgrastim-jmdb (Fulphila)

Criteria for *current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously:* Non-formulary

pegfilgrastim-apfg (Nyvepria) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist AND patient has a diagnosis of cancer and is receiving myelosuppressive chemotherapy
- Any of the following:
 - Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented latex allergy AND intolerance to filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented needle phobia AND intolerance to pegfilgrastim-jmdb (Fulphila)
 - Patient is a pediatric member (less than 18 years old) with documented intolerance to pegfilgrastim-jmdb (Fulphila)

Pegfilgrastim-bmez (Ziextenzo)

Non-Formulary **pegfilgrastim-bmez (Ziextenzo)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **pegfilgrastim-bmez (Ziextenzo)** will be covered on the prescription drug benefit when the following criteria are met:

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Filgrastim and pegfilgrastim(Granix, Nivestym, Zarxio, Neupogen, Fulphila, Neulsta, Neulsta Onpro, Nyvepria, Ziextenzo)

- Prescribed by a hematologist or oncologist AND patient has a diagnosis of cancer and is receiving myelosuppressive chemotherapy AND patient does NOT have an allergy to latex
- Any of the following:
 - Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented needle phobia AND intolerance to pegfilgrastim-jmdb (Fulphila)
 - Patient is a pediatric member (less than 18 years old) with documented intolerance to pegfilgrastim-jmdb (Fulphila)
- **Criteria for current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously:** Non-formulary **pegfilgrastim-bmez (Ziextenzo)** will be covered on the prescription drug benefit when the following criteria are met:
 - Prescribed by a hematologist or oncologist AND patient has a diagnosis of cancer and is receiving myelosuppressive chemotherapy AND patient does NOT have an allergy to latex
 - Any of the following:
 - Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented needle phobia AND intolerance to pegfilgrastim-jmdb (Fulphila)
 - Patient is a pediatric member (less than 18 years old) with documented intolerance to pegfilgrastim-jmdb (Fulphila)

Pegfilgrastim-cbqv (Udenyca)

Non-Formulary **pegfilgrastim-cbqv (Udenyca)** requires a clinical review.

Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **pegfilgrastim-cbqv (Udenyca)** will be covered on the prescription drug benefit when the following criteria are met:

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Filgrastim and pegfilgrastim(Granix, Nivestym, Zarxio, Neupogen, Fulphila, Neulsta, Neulsta Onpro, Nyvepria, Ziextenzo)

- Prescribed by a hematologist or oncologist AND patient has a diagnosis of cancer and is receiving myelosuppressive chemotherapy
- Any of the following:
 - Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented latex allergy AND intolerance to filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented needle phobia AND intolerance to pegfilgrastim-jmdb (Fulphila)
 - Patient is a pediatric member (less than 18 years old) with documented intolerance to pegfilgrastim-jmdb (Fulphila)
- **Criteria for *current Kaiser Permanente members -AND New Members already taking the medication who have not been reviewed previously*: Non-formulary pegfilgrastim-cbqv (Udenyca) will be covered on the prescription drug benefit when the following criteria are met:**
 - Prescribed by a hematologist or oncologist AND patient has a diagnosis of cancer and is receiving myelosuppressive chemotherapy
 - Any of the following:
 - Documented intolerance to tbo-filgrastim (Granix), filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented latex allergy AND intolerance to filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 - Documented needle phobia AND intolerance to pegfilgrastim-jmdb (Fulphila)
 - Patient is a pediatric member (less than 18 years old) with documented intolerance to pegfilgrastim-jmdb (Fulphila)