

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

Pegfilgrastim-bmez (Ziextenzo)

Notes:

- Quantity Limits: Yes

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:

- 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:
 1. Documented intolerance to filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), filgrastim (Neupogen), and pegfilgrastim-jmdb (Fulphila)
 2. Documented needle phobia AND intolerance to pegfilgrastim-jmdb (Fulphila)
 3. Patient is a pediatric member (less than 18 years old) with documented intolerance to pegfilgrastim-jmdb (Fulphila)