



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

**TBO-FILGRASTIM**

| Generic        | Brand  | HICL  | GCN | Medi-Span              | Exception/Other |
|----------------|--------|-------|-----|------------------------|-----------------|
| TBO-FILGRASTIM | GRANIX | 40426 |     | GPI-10<br>(8240152070) |                 |

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of a non-myeloid malignancy and meet **ALL** of the following criteria?

- The patient is 1 month of age or older
- Therapy is prescribed by or in consultation with a hematologist or oncologist
- The patient is receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever
- The patient had a trial of or contraindication to the preferred agent: Nivestym

If yes, **approve for 12 months by HICL or GPI-10.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **TBO-FILGRASTIM (Granix)** requires the following rule(s) be met for approval:

- A. You have a non-myeloid malignancy (cancer not affecting bone marrow)
- B. You are 1 month of age or older
- C. Therapy is prescribed by or in consultation with a hematologist (blood specialist) or oncologist (cancer/tumor doctor)
- D. You are receiving myelosuppressive anti-cancer drugs (drugs that decrease bone marrow activity) associated with a significant incidence of severe neutropenia (a type of blood condition) with fever
- E. You had a trial of or contraindication (harmful for) to the preferred medication: Nivestym

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Granix.

**REFERENCES**

- Granix [Prescribing Information]. North Wales, PA: Teva Pharmaceuticals; April 2020.

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|---------|------------|-----|
| Library | Commercial | NSA |
| Yes     | Yes        | No  |

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