

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

## Pegfilgrastim (Neulasta)

### Notes:

- QL: 1 syringe per 14-days

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

- Prescribed by a hematologist or oncologist  
**-AND-**
- Diagnosis of cancer and receiving myelosuppressive chemotherapy  
**-AND-**
- Documented intolerance to filgrastim-sndz (Zarxio)  
**- AND -**
- Documented intolerance to filgrastim-aafi (Nivestym)  
**- AND -**
- Documented intolerance to filgrastim (Neupogen)  
**- AND -**
- Documented intolerance to pegfilgrastim-jmdb (Fulphila)  
**- OR -**
- Prescribed by a hematologist and oncologist  
**- AND -**
- Diagnosis of cancer and receiving myelosuppressive chemotherapy  
**-AND-**
- Documented needle phobia  
**-AND-**
- Documented intolerance to pegfilgrastim-jmdb (Fulphila)