

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

Filgrastim Vial (Neupogen)

Notes:

- Quantity Limits: No

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 a documented intolerance to both 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)