

POLICY Document for FILKRI

The overall objective of this policy is to support the appropriate and cost-effective use of the medication, specific to use of preferred medication options, and overall, clinically appropriate use. This document provides specific information to both sections of the overall policy.

Section 1: Preferred Product

- Policy information specific to preferred medications

Section 2: Clinical Criteria

- Policy information specific to the clinical appropriateness for the medication

Section 1: Preferred Product

CAREFIRST: EXCEPTIONS CRITERIA Colony Stimulating Factors – Short Acting

PREFERRED PRODUCTS: NIVESTYM, ZARXIO

Client Requested: The intent of the criteria is to ensure that patients follow selection elements as established by CareFirst.

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the short-acting colony stimulating factor products specified in this policy. Coverage for targeted product is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Colony Stimulating Factors – Short Acting

	Product(s)
Preferred*	• Nivestym (filgrastim-aafi) • Zarxio (filgrastim-sndz)
Targeted	• Filkri (filgrastim-laha) • Granix (TBO-filgrastim) • Leukine (sargramostim) • Neupogen (filgrastim) • Nypozi (filgrastim-txid) • Releuko (filgrastim-ayow)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review

I. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred products.

Coverage for a targeted product is provided when either of the following criteria is met:

- A. For Leukine (sargramostim), when the request is for autologous Peripheral Blood Progenitor Cell (PBPC) mobilization or is part of a documented outpatient transplant engraftment protocol where Granulocyte-macrophage colony-stimulating factor (GM-CSF) is specified by the center.
- B. For all other indications, member has a documented inadequate response, contraindication, or intolerable adverse event to both preferred products and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).

Section 2: Clinical Criteria

Specialty Guideline Management

Neupogen and filgrastim biosimilars

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over the counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Neupogen	filgrastim
Filkri	filgrastim-laha
Granix	tbo-filgrastim
Nivestym	filgrastim-aafi
Nypozi	filgrastim-txid
Releuko	filgrastim-ayow
Zarxio	filgrastim-sndz

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications

Neupogen¹

Patients with Cancer Receiving Myelosuppressive Chemotherapy

Neupogen is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.

Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy

Neupogen is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).

Patients with Cancer Undergoing Bone Marrow Transplantation

Neupogen is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (e.g., febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by marrow transplantation.

Patients Undergoing Autologous Peripheral Blood Progenitor Cell Collection and Therapy

Neupogen is indicated for the mobilization of autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.

Patients With Severe Chronic Neutropenia

Neupogen is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

Patients Acutely Exposed to Myelosuppressive Doses of Radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)

Neupogen is indicated to increase survival in patients acutely exposed to myelosuppressive doses of radiation.

Nivestym²

Patients with Cancer Receiving Myelosuppressive Chemotherapy

Nivestym is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.

Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy

Nivestym is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).

Patients with Cancer Undergoing Bone Marrow Transplantation (BMT)

Nivestym is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (e.g., febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation.

Patients Undergoing Autologous Peripheral Blood Progenitor Cell Collection and Therapy

Nivestym is indicated for the mobilization of autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.

Patients With Severe Chronic Neutropenia

Nivestym is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

Granix³

Granix is indicated to reduce the duration of severe neutropenia in adult and pediatric patients 1 month and older with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

Zarxio⁴**Patients with Cancer Receiving Myelosuppressive Chemotherapy**

Zarxio is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.

Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy

Zarxio is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).

Patients with Cancer Undergoing Bone Marrow Transplantation

Zarxio is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (e.g., febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation.

Patients Undergoing Autologous Peripheral Blood Progenitor Cell Collection and Therapy

Zarxio is indicated for the mobilization of autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.

Patients With Severe Chronic Neutropenia

Zarxio is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

Patients Acutely Exposed to Myelosuppressive Doses of Radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)

Zarxio is indicated to increase survival in patients acutely exposed to myelosuppressive doses of radiation.

Releuko⁵**Patients with Cancer Receiving Myelosuppressive Chemotherapy**

Releuko is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.

Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy

Releuko is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).

Patients with Cancer Undergoing Bone Marrow Transplantation

Releuko is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (e.g., febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation.

Patients With Severe Chronic Neutropenia

Releuko is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

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Releuko is indicated to increase survival in patients acutely exposed to myelosuppressive doses of radiation.

Nypozi⁶**Patients with Cancer Receiving Myelosuppressive Chemotherapy**

Nypozi is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.

Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy

Nypozi is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).

Patients with Cancer Undergoing Bone Marrow Transplantation

Nypozi is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (e.g., febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by marrow transplantation.

Patients Undergoing Autologous Peripheral Blood Progenitor Cell Collection and Therapy

Nypozi is indicated for the mobilization of autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.

Patients With Severe Chronic Neutropenia

Nypozi is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital

neutropenia, cyclic neutropenia, or idiopathic neutropenia.

Patients Acutely Exposed to Myelosuppressive Doses of Radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)

Nypozi is indicated to increase survival in patients acutely exposed to myelosuppressive doses of radiation.

Filkri⁷

Patients with Cancer Receiving Myelosuppressive Chemotherapy

Filkri is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.

Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy

Filkri is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).

Patients with Cancer Undergoing Bone Marrow Transplantation

Filkri is indicated to reduce the duration of neutropenia and neutropenia-related clinical sequelae, (e.g., febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by marrow transplantation.

Patients With Severe Chronic Neutropenia

Filkri is indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

Patients Acutely Exposed to Myelosuppressive Doses of Radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)

Filkri is indicated to increase survival in patients acutely exposed to myelosuppressive doses of radiation.

Compendial Uses⁸⁻¹⁹

- Treatment of chemotherapy-induced febrile neutropenia
- Prophylaxis for chemotherapy-induced febrile neutropenia in patients with solid tumors
- Treatment of anemia and neutropenia in patients with myelodysplastic syndromes (MDS)
- Stem cell transplantation-related indications
- Agranulocytosis (non-chemotherapy drug induced)
- Aplastic anemia
- Neutropenia related to HIV/AIDS
- Neutropenia related to renal transplantation¹¹
- Acute myeloid leukemia
- Supportive care for neutropenic patients with CAR T-cell-related toxicities
- Hairy Cell Leukemia, neutropenic fever
- Chronic Myeloid Leukemia, treatment of persistent neutropenia due to tyrosine kinase inhibitor therapy
- Glycogen Storage Disease (GSD) Type 1

Documentation

Primary Prophylaxis of Febrile Neutropenia

Documentation must be provided of the member's diagnosis and chemotherapeutic regimen.

If chemotherapeutic regimen has a low or intermediate risk of febrile neutropenia (20% and less), documentation must be provided outlining the member's risk factors that confirm the member is at high risk for febrile neutropenia.

Coverage Criteria

Neutropenia in cancer patients receiving myelosuppressive chemotherapy^{1-9,17,18}

Authorization of 6 months may be granted for prevention or treatment of febrile neutropenia when all of the following criteria are met :

- The requested medication will not be used in combination with other colony stimulating factors within any chemotherapy cycle.
- The member will not receive chemotherapy at the same time as they receive radiation therapy.
- One of the following criteria is met :
 - The requested medication will be used for primary prophylaxis in members with solid tumors or non-myeloid malignancies who have received, are currently receiving, or will be receiving any of the following:
 - Myelosuppressive anti-cancer therapy that is expected to result in greater than 20% incidence of FN (febrile neutropenia) (FN) (See *Appendix A*)
 - Myelosuppressive anti-cancer therapy that is expected to result in 10 – 20% risk of FN (See *Appendix B*) and who are considered to be at high risk of FN because of bone marrow compromise or co-morbidities, or other patient specific risk factors (See *Appendix C*).
 - Myelosuppressive anti-cancer therapy that is expected to result in less than 10% risk of FN and who have at least 2 patient-related risk factors (See *Appendix C*).
 - The requested medication will be used for secondary prophylaxis in members with solid tumors or non-myeloid malignancies who experienced a febrile neutropenic complication or a dose-limiting neutropenic event (a nadir or day of treatment count impacting the planned dose of chemotherapy) from a prior cycle of similar chemotherapy, with the same dose and schedule planned for the current cycle (for which primary prophylaxis was not received)
 - The requested medication will be used for treatment of high risk FN in members who have any of the following prognostic factors that are predictive of clinical deterioration:
 - Age greater than 65 years

- Being hospitalized at the time of the development of fever
- Sepsis syndrome
- Invasive fungal infection
- Pneumonia or other clinically documented infection
- Prolonged (neutropenia expected to last greater than 10 days) or profound (absolute neutrophil count less than $1 \times 10^9/L$) neutropenia
- Prior episodes of febrile neutropenia

Other indications¹⁻¹⁹

Authorization of 6 months may be granted for members with any of the following indications:

- Myelodysplastic syndrome (anemia or neutropenia)
- Stem cell transplantation-related indications (including applicable gene therapy protocols)
- Agranulocytosis (non-chemotherapy drug induced)
- Aplastic anemia
- Neutropenia related to HIV/AIDS
- Neutropenia related to renal transplantation
- Acute myeloid leukemia
- Severe chronic neutropenia (congenital, cyclic, or idiopathic)
- Hematopoietic Syndrome of Acute Radiation Syndrome
Treatment for radiation-induced myelosuppression following a radiological/nuclear incident
- CAR T-cell-related toxicities
Supportive care for neutropenic patients with CAR T-cell-related toxicities
- Hairy Cell Leukemia
Members with hairy cell leukemia with neutropenic fever following chemotherapy
- Chronic Myeloid Leukemia
Members with chronic myeloid leukemia (CML) for treatment of persistent neutropenia due to tyrosine kinase inhibitor therapy
- Glycogen Storage Disease (GSD) Type 1
Individuals with GSD Type 1 for treatment of low neutrophil counts

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the coverage criteria.

Appendix^{9,16-18}

APPENDIX A: Selected Chemotherapy Regimens with an Incidence of Febrile Neutropenia of Greater than 20%

Acute Lymphoblastic Leukemia:

Select ALL regimens as directed by treatment protocol (see NCCN guidelines ALL)

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Bladder Cancer:

Dose dense MVAC (methotrexate, vinblastine, doxorubicin, cisplatin)

Bone Cancer

- VAIA (vincristine, doxorubicin, ifosfamide, and dactinomycin)
- VDC-IE (vincristine, doxorubicin or dactinomycin, and cyclophosphamide alternating with ifosfamide and etoposide)
- Cisplatin/doxorubicin
- VDC (cyclophosphamide, vincristine, doxorubicin or dactinomycin)
- VIDE (vincristine, ifosfamide, doxorubicin or dactinomycin, etoposide)

Breast Cancer:

- Dose-dense AC (doxorubicin, cyclophosphamide) followed by dose-dense paclitaxel
- TAC (docetaxel, doxorubicin, cyclophosphamide)
- TC (docetaxel, cyclophosphamide)
- TCH (docetaxel, carboplatin, trastuzumab)

Head and Neck Squamous Cell Carcinoma

TPF (docetaxel, cisplatin, 5-fluorouracil)

Hodgkin Lymphoma:

- Brentuximab vedotin + AVD (doxorubicin, vinblastine, dacarbazine)
- Nivolumab + AVD (doxorubicin, vinblastine, dacarbazine)
- Escalated BEACOPP (bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, prednisone)
- BrECADD (brentuximab vedotin, etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone)

Kidney Cancer:

Doxorubicin/gemcitabine

Non-Hodgkin's Lymphoma:

- CHP (cyclophosphamide, doxorubicin, prednisone) + brentuximab vedotin
- Dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) ± rituximab
- ICE (ifosfamide, carboplatin, etoposide) ± rituximab
- Dose-dense CHOP-14 (cyclophosphamide, doxorubicin, vincristine, prednisone) ± rituximab
- CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone)
- MINE (mesna, ifosfamide, mitoxantrone, etoposide) ± rituximab
- DHAP (dexamethasone, cisplatin, cytarabine) ± rituximab
- ESHAP (etoposide, methylprednisolone, cisplatin, cytarabine) ± rituximab
- HyperCVAD ± rituximab (cyclophosphamide, vincristine, doxorubicin, dexamethasone ± rituximab)
- Pola-R-CHP (polatuzumab vedotin-piiq, rituximab, cyclophosphamide, doxorubicin, prednisone)

Melanoma:

Dacarbazine-based combination with IL-2, interferon alpha (dacarbazine, cisplatin, vinblastine, IL-2, interferon alfa)

Multiple Myeloma:

- VTD-PACE (dexamethasone/thalidomide/cisplatin/doxorubicin/cyclophosphamide/etoposide + bortezomib)
- DT-PACE (dexamethasone/thalidomide/cisplatin/doxorubicin/cyclophosphamide/etoposide)

Ovarian Cancer:

- Topotecan ± bevacizumab
- Docetaxel
- Carboplatin/docetaxel

Soft Tissue Sarcoma:

- MAID (mesna, doxorubicin, ifosfamide, dacarbazine)
- Doxorubicin
- Ifosfamide/doxorubicin

Small Cell Lung Cancer:

Topotecan

Testicular Cancer:

- VelP (vinblastine, ifosfamide, cisplatin)
- VIP (etoposide, ifosfamide, cisplatin)
- TIP (paclitaxel, ifosfamide, cisplatin)

Gestational Trophoblastic Neoplasia:

- EMA/EP (etoposide, methotrexate, dactinomycin/etoposide, cisplatin)
- EP/EMA (etoposide, cisplatin/etoposide, methotrexate, dactinomycin)
- TP/TE (paclitaxel, cisplatin/paclitaxel, etoposide)
- BEP (bleomycin, etoposide, cisplatin)
- TIP (Paclitaxel, ifosfamide, cisplatin)
- VIP (etoposide, ifosfamide, cisplatin)
- ICE (ifosfamide, carboplatin, etoposide)

Wilms Tumor:

- Regimen M (vincristine, dactinomycin, doxorubicin, cyclophosphamide, etoposide)
- Regimen I (vincristine, doxorubicin, cyclophosphamide, etoposide)
- Revised Regimen UH-1 (vincristine, doxorubicin, cyclophosphamide, carboplatin, etoposide)
- Revised Regimen UH-2 (vincristine, doxorubicin, cyclophosphamide, carboplatin, etoposide, irinotecan)

Applies to chemotherapy regimens with or without monoclonal antibodies (e.g., trastuzumab, rituximab)

This list is not comprehensive; there are other agents/regimens that have an intermediate/high risk for development of febrile neutropenia.

APPENDIX B: Selected Chemotherapy Regimens with an Incidence of Febrile Neutropenia of 10% to 20%

Occult Primary – Adenocarcinoma:

Gemcitabine/docetaxel

Breast Cancer:

- Docetaxel ± trastuzumab
- AC (doxorubicin, cyclophosphamide) + sequential docetaxel (taxane portion only)
- AC + sequential docetaxel + trastuzumab
- Paclitaxel every 21 days ± trastuzumab
- Sacituzumab govitecan-hziy
- TC (docetaxel, cyclophosphamide)

Cervical Cancer:

- Irinotecan
- Cisplatin/topotecan
- Paclitaxel/cisplatin ± bevacizumab
- Topotecan

Colorectal Cancer:

FOLFIRINOX (fluorouracil, leucovorin, oxaliplatin, irinotecan)

Esophageal and Gastric Cancers:

Irinotecan/cisplatin

Non-Hodgkin's Lymphomas:

- GDP (gemcitabine, dexamethasone, cisplatin/carboplatin)
- GDP (gemcitabine, dexamethasone, cisplatin/carboplatin) + rituximab
- CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) including regimens with pegylated liposomal doxorubicin
- CHOP + rituximab (cyclophosphamide, doxorubicin, vincristine, prednisone, rituximab) including regimens with pegylated liposomal doxorubicin
- Bendamustine

Non-Small Cell Lung Cancer:

- Cisplatin/paclitaxel
- Cisplatin/vinorelbine
- Cisplatin/docetaxel
- Cisplatin/etoposide
- Carboplatin/paclitaxel
- Docetaxel

Pancreatic Cancer:

FOLFIRINOX (fluorouracil, leucovorin, oxaliplatin, irinotecan)

Prostate Cancer:

Cabazitaxel

Small Cell Lung Cancer:

Etoposide/carboplatin

Testicular Cancer:

- BEP (bleomycin, etoposide, cisplatin)
- Etoposide/cisplatin

Uterine Sarcoma:

Docetaxel

Applies to chemotherapy regimens with or without monoclonal antibodies (e.g., trastuzumab, rituximab)

This list is not comprehensive; there are other agents/regimens that have an intermediate/high risk for development of febrile neutropenia.

APPENDIX C: Patient Risk Factors

- Active infections, open wounds, or recent surgery
- Age greater than or equal to 65 years
- Bone marrow involvement by tumor producing cytopenias
- Previous chemotherapy or radiation therapy
- Poor nutritional status
- Poor performance status
- Previous episodes of FN
- Other serious co-morbidities, including renal dysfunction, liver dysfunction, HIV infection, cardiovascular disease
- Persistent neutropenia

This list is not all-inclusive.

REFERENCES:

SECTION 1

1. Filkri [package insert]. Raleigh, NC: Accord BioPharma Inc.; January 2026.
2. Granix [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; November 2023.
3. Leukine [package insert]. Lexington, MA: Partner Therapeutics, Inc.; May 2022.
4. Neupogen [package insert]. Thousand Oaks, CA: Amgen, Inc; April 2025.
5. Nivestym [package insert]. Lake Forest, IL: Hospira Inc., a Pfizer company: February 2024.
6. Nypozi [package insert]. San Diego, CA: Tanvex BioPharma USA, Inc; June 2024.
7. Releuko [package insert]. Piscataway, NJ: Kashiv BioSciences, LLC; April 2025.
8. Zarxio [package insert]. Princeton, NJ: Sandoz, Inc.; August 2025.

SECTION 2

CareFirst Specialty Exceptions CSF-Short Acting C26683-A 05-2026.docx
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1. Neupogen [package insert]. Thousand Oaks, CA: Amgen Inc.; June 2025.
2. Nivestym [package insert]. Lake Forest, IL: Hospira Inc.; February 2024.
3. Granix [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; November 2023.
4. Zarxio [package insert]. Princeton, NJ: Sandoz Inc.; October 2024.
5. Releuko [package insert]. Piscataway, NJ: Kashiv BioSciences, LLC; April 2025.
6. Nypozi [package insert]. San Diego, CA: Tanvex BioPharma USA, Inc.; June 2024.
7. Filkri [package insert]. Raleigh, NC: Accord BioPharma Inc.; January 2026.
8. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: <https://www.nccn.org>. Accessed June 12, 2025.
9. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Hematopoietic Growth Factors. Version 1.2025. https://www.nccn.org/professionals/physician_gls/pdf/growthfactors.pdf. Accessed: June 19, 2025.
10. IBM Micromedex® DRUGDEX® (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at <https://www.micromedexsolutions.com>. (Accessed: June 19, 2025).
11. Lexicomp Online, AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc.; Accessed June 19, 2025.
12. Clinical Consult. CVS/Caremark Clinical Programs Review: Focus on Colony Stimulating Factors Clinical Programs. February 1, 2012.
13. Smith TJ, Bohlke K, Lyman GH, et al. Recommendations for the use of white blood cell growth factors: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol*. 2015;33(28):3199-3212.
14. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Hairy Cell Leukemia. Version 1.2025. https://www.nccn.org/professionals/physician_gls/pdf/hairy_cell.pdf Accessed June 19, 2025.
15. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Chronic Myeloid Leukemia. Version 3.2025. https://www.nccn.org/professionals/physician_gls/pdf/cml.pdf Accessed June 19, 2025.
16. Smith TJ, Khatcheressian J, Lyman GH, et al. 2006 update of recommendations for the use of white blood cell growth factors: an evidence-based clinical practice guideline. *J Clin Oncol*. 2006;24(19):3187-3205.
17. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Gestational Trophoblastic Neoplasia. Version 3.2025. https://www.nccn.org/professionals/physician_gls/pdf/gtn.pdf Accessed June 19, 2025.
18. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Wilms Tumor (Nephroblastoma). Version 2.2025. https://www.nccn.org/professionals/physician_gls/pdf/wilms_tumor.pdf Accessed June 19, 2025.
19. Kishnani PS, Austin SL, Abdenur JE, et al. Diagnosis and management of glycogen storage disease type I: a practice guideline of the American College of Medical Genetics and Genomics. *Genet Med*. 2014;16(11):e1.