Neulasta, Neulasta Onpro (pegfilgrastim), **Fulphila** (pegfilgrastim-jmdb), Fylnetra (pegfilgrastim-pbbk), Nyvepria (pegfilgrastim-apgf), Stimufend (pegfilgrastim-fpgk), **Udenyca, Udenyca Onbody** (pegfilgrastim-cbqv), Ziextenzo (pegfilgrastim-bmez)

Preferred products: Fulphila, Udenyca, Udenyca Onbody

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** the following:

1. Prophylaxis for chemotherapy induced febrile neutropenia
2. Treatment of chemotherapy induced febrile neutropenia
3. Acute radiation syndrome

AND ALL of the following for **ALL** diagnoses:

a. **NOT** used in combination with another granulocyte colony-stimulating factor (G-CSF)
b. **Non-preferred medications only:** Inadequate treatment response, intolerance, or contraindication to **ONE** of the preferred products (Fulphila, Udenyca, Udenyca Onbody)

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** the following:

1. Prophylaxis for chemotherapy induced febrile neutropenia
2. Treatment of chemotherapy induced febrile neutropenia
3. Acute radiation syndrome

AND the following for **ALL** diagnoses:

a. **NOT** used in combination with another granulocyte colony-stimulating factor (G-CSF)

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Preferred products: Fulphila, Udenyca, Udenyca Onbody

Prior - Approval *Renewal* Limits

Same as above