



Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Acute myeloid leukemia (AML)
2. Hematopoietic stem cell transplantation
3. Peripheral blood progenitor cell (PBPC) collection
4. Umbilical cord stem cell transplantation
5. Myelodysplastic syndrome in neutropenic patients with recurrent or resistant infections
6. Neutropenia
 - a. AIDS associated
 - b. Chemotherapy associated; prophylaxis in patients at intermediate to high risk for febrile neutropenia following chemotherapy with solid or non-myeloid malignancies
 - c. Hepatitis C therapy associated ($ANC < 750/mm^3$)
 - d. Chronic congenital (Kostmann's Syndrome)
7. Autologous peripheral blood progenitor cell (PBPC) mobilization and following transplantation
8. Agranulocytosis
9. Aplastic anemia
10. Hematopoietic Syndrome of Acute Radiation Syndrome [H-ARS]

AND the following

1. NOT used in combination with granulocyte colony-stimulating factor (G-CSF) medications

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above