Reference number(s)
3279-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☑
Standard Control Choice (SCCF)	☑
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☑
Advanced Control Specialty Choice (ACSCF)	☑
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Value (VF)	☑

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☑
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Combined Benefit Management (CBM)	☐
Combined Benefit Management Pharmacy (CBMP)	☐
Medical Benefit Managed Medicaid (MMMB)	☐

Exceptions Criteria
Colony Stimulating Factors – Short Acting

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

These criteria were developed to align with the following: Standard Control Formulary (SF), Standard Control Choice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), Value Formulary (VF), and Value Formulary Chart (VFC).

Plan Design Summary

This program applies to the short-acting colony stimulating factor products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product 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 Granix, Neupogen, Releuko, or Zarxio and for members who are new to treatment with Leukine for the first time.

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

Table. Colony Stimulating Factors – Short Acting

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

	Products
Preferred	• Nivestym (filgrastim-aafi)
Target	• Granix (TBO-filgrastim) • Leukine (sargramostim) • Neupogen (filgrastim) • Releuko (filgrastim-ayow) • Zarxio (filgrastim-sndz)

Exception Criteria

Coverage for the targeted products, Granix, Neupogen, Releuko, or Zarxio, is provided when the member has a documented intolerable adverse event to the preferred product, 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).

Coverage for the targeted product, Leukine, is provided when one of the following criteria is met:

- Member has a documented inadequate response or an intolerable adverse effect to the preferred product.
- Leukine is being requested for an indication that is not FDA-approved for the preferred product.
- Member is currently receiving treatment with Leukine, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.

References

1. Zarxio [package insert]. Princeton, NJ: Sandoz, Inc.; October 2024.
2. Neupogen [package insert]. Thousand Oaks, CA: Amgen, Inc; June 2025.
3. Granix [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; November 2023.
4. Leukine [package insert]. Lexington, MA: Partner Therapeutics, Inc.; August 2023.
5. Nivestym [package insert]. Lake Forest, IL: Hospira Inc., a Pfizer company; July 2025.
6. Releuko [package insert]. Piscataway, NJ: Kashiv BioSciences, LLC; April 2025.

