

Approved Indications for Zarxio[®] and Nivestym[®]

- Cancer patients (Note that they do not have to meet ANC criteria. If they have the indication, approve.):
 - If patient has not yet undergone chemotherapy but it has been prescribed, no ANC is required
 - Cancer patients receiving myelosuppressive chemotherapy (approve up to 12 months)
 - Cancer patients receiving bone marrow transplants (approve up to 12 months)
 - Patient receiving induction or consolidated chemotherapy for AML (approve up to 12 months)
 - Peripheral blood progenitor cell collection and therapy in cancer patients (approve up to 12 months)
- Severe chronic neutropenia – ANC now required
 - All lab documentation must be on official lab letterhead – handwritten labs are not acceptable
 - The ANC is 1500 or less
 - Congenital, cyclic, or idiopathic (approve up to 12 months)
- AIDS – ANC required
 - Severe neutropenia in AIDS patients on antiretroviral therapy
 - Initial Therapy: ANC is 1000 or less
 - Continuation of Therapy: ANC is 1600 or less
 - All lab documentation must be on official lab letterhead – handwritten labs are not acceptable. (Approve for 6 months)

Approved Indications for Releuko[®]

- Cancer patients (Note that they do not have to meet ANC criteria. If they have the indication, approve.):
 - If patient has not yet undergone chemotherapy but it has been prescribed, no ANC is required
 - Cancer patients receiving myelosuppressive chemotherapy (approve up to 12 months)
 - Cancer patients receiving bone marrow transplants (approve up to 12 months)
 - Patient receiving induction or consolidated chemotherapy for AML (approve up to 12 months)
- Severe chronic neutropenia – ANC now required
 - All lab documentation must be on official lab letterhead – handwritten labs are not acceptable
 - The ANC is 1500 or less
 - Congenital, cyclic, or idiopathic (approve up to 12 months)

Approved Indications for Udenyca[®], Neulasta[®], ZiextenzoTM, FulphilaTM, Fylnetra[®], RolvedonTM, and Stimufend[®]

- Chemotherapy-induced neutropenia
 - Cancer patient with non-myeloid malignancies receiving myelosuppressive chemotherapy (approve up to 12 months)
- Dosage: 6 mg subcutaneous once per chemotherapy cycle
- Patient acutely exposed to myelosuppressive doses of radiation (hematopoietic syndrome of acute radiation syndrome) (Neulasta[®] and Udenyca[®] only)
- Dosage: Two doses, 6 mg subcutaneous, each one week apart

Note:

- Do not administer in the period 14 days before and 24 hours after administration of cytotoxic chemotherapy.
- Documentation of the ANC and/or lab values is not required.
- Not indicated for severe chronic neutropenia.
- Not indicated for neutropenia associated with human immunodeficiency virus (HIV)/AIDS.

Approved Indications for Granix[®]

- Chemotherapy-induced neutropenia:
 - Cancer patient with non-myeloid malignancies receiving myelosuppressive chemotherapy (approve up to 12 months)
 - Dosage: 5 mcg/kg/day subcutaneously

Note:

- Do not administer in the period 24 hours before and 24 hours after administration of cytotoxic chemotherapy.
- Documentation of the ANC and/or lab values is not required.
- Not indicated for severe chronic neutropenia.
- Not indicated for neutropenia associated with HIV/AIDS.