

## PHARMACY POLICY STATEMENT Marketplace

DRUG NAME	Nivestym (filgrastim-aafi)
BILLING CODE	Must use a valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home/Office
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred product includes Zarxio QUANTITY LIMIT— see <b>Dosage allowed</b> below
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Nivestym (filgrastim-aafi) is a **non-preferred** product and will only be considered for cover2. Member must have tried and failed treatment with Zarxio; AND

3. Medication is being used to reduce the time to neutrophil recovery and the duration of fever for induction or consolidation chemotherapy treatment; AND
4. Medication is being administered 24 hours after the last dose of chemotherapy until neutrophil recovery (ANC 1000/mm

<sup>3</sup> for 3 consecutive days or 10,000/mm<sup>3</sup> for 1 day) or for a maximum of 35 days; AND

5. Chart notes with the length of chemotherapy cycle, the days of the cycle on which chemotherapy will be administered, and the days of the cycle on which Nivestym will be administered are submitted with the prior authorization request.



4. Dosage allowed:

- f) Renal dysfunction (creatinine clearance < 50);
  - g) Age > 65 years receiving full chemotherapy dose intensity.
8. **Dosage allowed:** 5 mcg/kg per day.

For **reauthorization:**

1. Member must be in compliance with all initial criteria; AND
2. Chart notes have been provided that show the member is stable or has shown improvement on Neupogen therapy.

1.

## SEVERE CHRONIC NEUTROPENIA (SCN)

DATE	ACTION/DESCRIPTION
10/11/2019	New policy for Nivestym (filgrastim-aafi) created.
3/11/2021	Annual review, no changes

References:

1. Nivestym (filgrastim-aafi) [prescribing information]. Lake Forest, IL: Hospira, Inc., a Pfizer Company; July 2018.
2. Schmitz N, Linch DC. Randomised trial of filgrastim-mobilized peripheral blood progenitor cell transplantation versus autologous bone-marrow transplantation in lymphoma patients. *Lancet*. 1996;347(8998): 353-358. Doi: 10.1016/S0140-6736(96)90536-X.
3. National Comprehensive Cancer Network. (2019). NCCN Clinical Practice Guidelines in Oncology. Hematopoietic Growth Factors É izm



## Appendix

Chemotherapy Regimens with a High Risk for Febrile Neutropenia (> 20%).

Cancer Type	Regimen
<b>Acute Lymphoblastic Leukemia (ALL)</b>	ALL induction regimens (see NCCN guidelines)



**Soft Tissue Sarcoma**

<b>Pancreatic Cancer</b>	FOLFIRINOX
<b>Prostate Cancer</b>	Cabazitaxel
<b>Small Cell Lung Cancer</b>	Etoposide/carboplatin
<b>Testicular Cancer</b>	

