

Filgrastim (Neupogen, Nivestym, Zarxio)

When requesting filgrastim (Neupogen, Nivestym, Zarxio) for non-oncology indications, the individual requiring treatment must be diagnosed with an FDA-approved indication or approved compendial use and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-approved Non-Oncology Indication

Neupogen, Nivestym, and Zarxio are leukocyte growth factors indicated for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

Approved Non-Oncology Off-label Compendial Use

Neutropenia associated with zidovudine use in human immunodeficiency virus (HIV)-infected patients

Coverage Guidelines

- Does not have a history of serious allergic reactions to pegfilgrastim
- For chronic neutropenic disorder, an individual has been ruled out for other causes of neutropenia

Approval duration (initial and renewal): 12 months

Dosing Recommendation

For congenital neutropenia

The recommended starting dose is 6 mcg/kg subcutaneous injection twice daily.

For cyclic or idiopathic neutropenia

The recommended starting dose is 65 mcg/kg subcutaneous injection daily.

Dosage should be individualized based on the patient's clinical course as well as absolute neutrophil count.

References

1. Neupogen prescribing information. Thousand Oaks, California; Amgen Inc. June 2018.
2. Nivestym prescribing information. Lake Forest, IL; Hospira, Inc., a Pfizer Company. July 2018.
3. Zarxio prescribing information. Princeton, NJ; Sandoz Inc. December 2017.
4. Klasco RK (Ed): DRUGDEX® System. Thomson Micromedex, Greenwood Village, CO. Accessed August 23, 2018.
5. AHFS DI. Filgrastim, Filgrastim-sndz.
http://online.lexi.com/lco/action/doc/retrieve/docid/complete_ashp/413799. Accessed August 23, 2018.