

Leukine® (sargramostim)

When requesting Leukine® (sargramostim) for non-oncology indications, the individual requiring treatment must be diagnosed with an approved compendial use and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-approved Non-Oncology Indication

None

Approved Non-Oncology Off-label Compendial Uses

- Chronic neutropenic disorder (e.g., congenital neutropenia, cyclic neutropenia, idiopathic neutropenia)
- Neutropenia associated with zidovudine use in human immunodeficiency virus (HIV)-infected patients

Coverage Guidelines

- Does not have a history of serious allergic reactions to yeast-derived products or any component of the product
- For chronic neutropenic disorder, an individual has been ruled out for other causes of neutropenia

Approval duration (initial and renewal): 12 months

Dosing Recommendation

No dosing information available for compendial uses

References

1. Leukine prescribing information. Lexington, MA; Partner Therapeutics, Inc. May 2018.
2. Klasco RK (Ed): DRUGDEX® System. Thomson Micromedex, Greenwood Village, CO. Accessed August 23, 2018.
3. AHFS DI. Filgrastim, Filgrastim-sndz.
http://online.lexi.com/lco/action/doc/retrieve/docid/complete_ashp/413799. Accessed August 23, 2018.