Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

catamaran™

NEULASTA® (pegfilgrastim)

GPI CODING:

82401570002020

DESCRIPTION:

Neulasta is a leukocyte growth factor indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

APPROVAL DURATION:

Approval duration: per chemo treatment duration
Quantity limit: maximum of one 6-mg syringe every 28 days without PA

POST-LIMIT CRITERIA FOR NEULASTA

I. Neulasta is prescribed for prophylaxis of febrile neutropenia **AND**
II. The patient will receive chemotherapy for breast cancer, small cell lung cancer, or non-Hodgkin's lymphoma **AND**
III. The patient will receive a dose-dense 14-day chemotherapy cycle **AND**
IV. The chemotherapy regimen and expected duration of treatment are documented

If the above criteria are met, Neulasta will be approved for the expected duration of treatment with dose-dense chemotherapy for maximum quantity of 2 syringes per 28 days