**PRIOR AUTHORIZATION CRITERIA**

**Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF)**

<table>
<thead>
<tr>
<th>Medication Class:</th>
<th>HEMATOPOIETIC AGENTS</th>
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</thead>
<tbody>
<tr>
<td>Review Date:</td>
<td>7/24/2020</td>
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<tr>
<td>Available Through:</td>
<td>X Medical Benefit</td>
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</table>

- Granulocyte colony-stimulating factor (G-CSF) or granulocyte-macrophage colony-stimulating factor (GM-CSF) may be indicated for **1 or more** of the following:
  - **Acute myeloid leukemia** and **1 or more** of the following:
    - Induction chemotherapy using filgrastim \(\text{[A]}\) \(\text{(5)}\)
    - Induction chemotherapy using sargramostim in patient age 55 years or older \(\text{[B]}\) \(\text{(6)}\)
    - Consolidation chemotherapy using filgrastim \(\text{[C]}\) \(\text{(5)}\)
    - Salvage chemotherapy following relapse \(\text{(43)}\)
  - **Acute radiation exposure** and **1 or more** of the following:
    - Absolute neutrophil count less than 500/mm\(^3\) \((0.5 \times 10^9/L)\) and expected to persist for 1 week or more
    - Lymphocyte count less than 1400/mm\(^3\) \((1.4 \times 10^9/L)\) at 48 hours \(\text{(47)}\)
    - Radiation dose (confirmed or suspected) of greater than 2 Gy
  - **Myelodysplastic syndrome** and **ALL** of the following:
    - Absolute neutrophil count less than 1500/mm\(^3\) \((1.5 \times 10^9/L)\)
    - History of recurrent or resistant infections
  - **Myeloid engraftment for hematopoietic stem cell transplant** and **1 or more** of the following:
    - Hematopoietic stem cell transplant failure or delay in engraftment \(\text{[E]}\) \(\text{(6)}\)
    - Mobilization of peripheral blood progenitor cell prior to hematopoietic stem cell transplant \(\text{[F]}\) \(\text{[G]}\) \(\text{(52)}\) \(\text{[56]}\) \(\text{[57]}\) \(\text{[58]}\) \(\text{[59]}\)
    - Nonmyeloid malignancy undergoing myeloablative chemotherapy followed by bone marrow or peripheral blood progenitor cell transplant \(\text{[H]}\) \(\text{[I]}\)
  - **Myelosuppressive chemotherapy for nonmyeloid malignancy** (first cycle) and **1 or more** of the following:
    - Administration of 3 or more myelosuppressive agents \(\text{[J]}\) \(\text{(9)}\) \(\text{[54]}\)
    - Age 65 years or older \(\text{[69]}\) \(\text{[70]}\)
    - Chemotherapy regimen has historical risk of febrile neutropenia of greater than 20% \(\text{[66]}\) \(\text{[70]}\) \(\text{[71]}\) \(\text{[72]}\)
    - Elevated alkaline phosphatase \(\text{[73]}\)
    - Elevated bilirubin \(\text{[73]}\)
    - Elevated lactate dehydrogenase
    - Glomerular filtration rate less than 30 mL/min/1.73m\(^2\) \((0.50 \text{ mL/sec/1.73m}^2)\)
    - HIV infection with low CD4 counts
    - Low serum albumin

**NOTE:** Intolerance or previous trial/failure of traditional therapy must be supplied for review through physician chart note, or through patient’s pharmacy history.

*Medical PA requests are reviewed by FirstCare for in-office administration only. For outpatient home administration, PA requests must go through pharmacy benefit, and submitted via PBM: [http://www.firstcare.com/FirstCare/media/FirstCare/PDFs/RX_FirstCare_Prior-Authorization-List.pdf](http://www.firstcare.com/FirstCare/media/FirstCare/PDFs/RX_FirstCare_Prior-Authorization-List.pdf)*
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- Low serum hemoglobin
- Pre-existing bone marrow involvement with tumor\(^74\)
- Pre-existing infection\(^74\)
- Pre-existing neutropenia\(^73\)
- Pre-existing open wound\(^74\)
- Previous chemotherapy
- Previous radiation therapy
- Recent surgery\(^73\)
  - Myelosuppressive chemotherapy for nonmyeloid malignancy (subsequent cycle) and **ALL** of the following\(^54\):
    - Chemotherapy dose delay or reduction is not desirable.\(^75\)
    - History of neutropenia, as indicated by **1 or more** of the following:
      - Febrile neutropenia with prior chemotherapy cycle\(^73\)\(^74\)
      - Prolonged neutropenia with prior chemotherapy cycle
  - Severe chronic neutropenia, as indicated by **1 or more** of the following\(^53\)\(^54\):
    - Diagnosis of congenital neutropenia confirmed
    - Diagnosis of cyclic neutropenia confirmed
    - Diagnosis of idiopathic neutropenia confirmed

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<tr>
<th>CPT-Codes/HCPCS Codes/ICD-10 Codes</th>
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<tbody>
<tr>
<td>J1442</td>
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<td>J1447</td>
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**REFERENCES:**


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42. Czerw T, et al. Use of G-CSF to hasten neutrophil recovery after auto-SCT for AML is not associated with increased relapse incidence: a report from the Acute Leukemia Working Party of the EBMT. Bone Marrow Transplantation 2014;49(7):950-4. DOI: 10.1038/bmt.2014.64. [Context Link] 


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