LEUKINE

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
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<tbody>
<tr>
<td>Leukine</td>
<td>sargramostim</td>
<td>Per Medical Guidelines</td>
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</tbody>
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Approvable Criteria:

1. Is Leukine prescribed by, or in consultation with, an oncologist?
   - If yes, continue to #2.
   - If no, do not approve.

2. Is the member’s diagnosis one of the following?
   a. Non-Hodgkin’s Lymphoma (NHL) or Acute Lymphoblastic Leukemia (ALL) for acceleration of myeloid recovery, or
   b. Bone marrow transplantation (BMT) failure or engraftment delay, or
   c. Acute Myelogenous Leukemia (AML) following induction chemotherapy, or
   d. Myeloid reconstitution after allogeneic or autologous BMT.
      - If yes, approve for up to 3 months.
      - If no, continue to #3.

3. Will Leukine be used for the mobilization of hematopoietic progenitor cells into peripheral blood collection by leukapheresis for progenitor cells transplant?
   - If yes approve for 7 days.
   - If no, do not approve.

For Baptist Health Plan to recognize a chemotherapy regimen as an accepted approach to treatment it must be included in the National Comprehensive Cancer Network® Clinical Practice Guidelines in Oncology (NCCN Guidelines®).

References: