NEUPOGEN/ZARXIO

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neupogen</td>
<td>filgrastim</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Zarxio</td>
<td>filgrastim-sndz</td>
<td>Per Medical Guidelines</td>
</tr>
</tbody>
</table>

Approvable Criteria:

1. Has the member undergone a bone marrow transplant procedure in the last 30 days?
   • If yes, approve for up to 3 months.
   • If no, continue to #2.

2. Will the filgrastim be used to treat expected neutropenia (absolute neutrophil count of less than 500/mm³) following a course of cancer chemotherapy?
   • If yes, approve for up to 3 months.
   • If no, continue to #3.

3. Will the filgrastim be used to enhance progenitor cell yield in an autologous stem cell autograft or transplantation?
   • If yes, approve for up to 7 days.
   • If no, continue to #4.

4. Is the member’s diagnosis cyclic, idiopathic, or congenital neutropenia with an Absolute Neutrophil Count (ANC) of less than 1000?
   • If yes, approve for up to 3 months.
   • If no, continue to #5.

5. Has the member been acutely exposed to radiation doses greater than 2 gray (Gy) within the last 24 hours (Hematopoietic Syndrome of Acute Radiation Syndrome)? (FOR NEUPOGEN REQUESTS ONLY)
   • If yes, approve for up to 21 days.
   • If no, do not approve.

QL = 14 syringes x 30 DAYS

SELF-ADMINISTERED – RX ONLY

SPECIALTY PHARMACY PRODUCT

Continued on the following page...
NEUPOGEN/ZARXIO

FDA Approved Indications:

**Cancer Chemotherapy:** 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 significant incidence of severe neutropenia with fever.

Patients With Acute Myeloid Leukemia Receiving Induction or Consolidation Chemotherapy: To NEUPOGEN® is indicated for reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of adults with AML.

**Bone marrow transplant (BMT):** To reduce the duration of neutropenia and neutropenia-related clinical sequelae (e.g., febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by BMT.

**Peripheral Blood Progenitor Cell (PBPC) Collection:** For the mobilization of hematopoietic progenitor cells into the peripheral blood for leukapheresis collection.

**Severe chronic neutropenia:** Chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital, cyclic or idiopathic neutropenia.

**Hematopoietic Syndrome of Acute Radiation Syndrome (Neupogen Only):** To increase survival in patients acutely exposed to myelosuppressive doses of radiation.

* References:

- Zarxio prescribing information. Princeton, NJ; Sandoz; March 2015.