

CRITERIA FOR PRIOR AUTHORIZATION

Neulasta® (pegfilgrastim)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Pegfilgrastim (Neulasta)

CRITERIA FOR NEULASTA: (must meet all of the following)

- Patient must have a non-myeloid malignancy (non-myeloid malignancies include all types of carcinoma, all types of sarcoma, melanoma, lymphomas, lymphocytic leukemias (ALL and CLL), and multiple myeloma)
- Patient must have received myelosuppressive chemotherapy

LENGTH OF APPROVAL 12 months