Pegfilgrastim (Fulphilia, Neulasta, Udenyca, Ziextenzo, Fylnetra, Nyvepria, Stimufend) – PA Criteria

HCPC: Q5108 pegfilgrastim-jmdb (Fulphilia), J2506 pegfilgrastim (Neulasta), Q5111 pegfilgrastim-cbqv (Udenyca), Q5120 pegfilgrastim-bmez (Ziextenzo), Q5130 pegfilgrastim-pbbk (Fylnetra), Q5122 pegfilgrastim-qpgf (Nyvepria), Q5127 pegfilgrastim-fpgk (Stimufend)

PREFERRED AGENT (NO PA REQUIRED)	NON-PREFERRED AGENT (PA REQUIRED)
FULPHILIA (pegfilgrastim-jmdb)	NEULASTA (pegfilgrastim)
	UDENYCA (pegfilgrastim-cbqv)
	ZIEXTNEZO (pegfilgrastim-bmez)
	FYLNETRA (pegfilgrastim-pbbk)
	NYVEPRIA (pegfilgrastim-apgf)
	STIMUFEND (pegfilgrastim-fpgk)

Pegfilgrastim (Fulphilia, Neulasta, Udenyca, Ziextenzo, Fylnetra, Nyvepria, Stimufend) is a colony stimulating factor indicated for the prevention of chemotherapy induced neutropenia and hematopoietic radiation injury syndrome in adult and pediatric patients. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
    - Individual meets **one** of the following regarding previous therapy trials:
        - Member has failed a ≥90 day trial for a preferred medication
        - Clinical justification is provided why the member cannot utilize a preferred product
    - Approval duration: 1 year
- **Continuation of Therapy (must meet all):**
    - Requested drug remains the preferred product with SD Medicaid
    - Reason for initial approval is still present
    - Approval duration: 1 year

 ** **If biosimilar product varies in FDA approved age and indication compared to the parent product, exceptions may be made.**

SQ Formulation

Therapy Indication	FULPHILIA	NEULASTA	UDENYCA	ZIEXTENZO	FLYNETRA	NYVEPRIA	STIMUFEND
Chemotherapy-induced neutropenia, prevention	All ages	All ages	All ages	All ages	All ages	All ages	All ages
Hematopoietic radiation injury syndrome, acute	Not indicated	All ages	All ages	All ages	Not indicated	Not indicated	All ages