Granix *(tbo-filgrastim)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Granix is indicated to reduce the duration of severe neutropenia in adults and pediatric patients one month and older with non-myeloid malignancies receiving myelosuppressive anticancer drugs associated with a clinically significant incidence of febrile neutropenia. Colony-stimulating factors (CSFs) are hematopoietic growth factors that regulate the growth and differentiation of cells towards the myeloid and erythroid lineages. Myeloid growth factors (MGFs), such as granulocyte colony-stimulating factors (G-CSF), are primarily used to reduce the incidence of febrile neutropenia (FN) in patients with non-myeloid malignancies receiving myelosuppressive chemotherapy.
Exclusion Criteria	None.
Required Medical Information	Medical records supporting the request must be provided.
Age Restriction	None.
Prescriber Restrictions	None.
Coverage Duration	Up to one year. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.

HCPCS	Description	Billing Units/How Supplied
J1447	Granix (tbo-filgrastim)	**Billing unit: 1 mcg** 300 mcg/0.5 mL, 480 mcg/0.8 mL SD syringe, 300 mcg/mL, 480 mcg/1.6 mL SDV

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025