

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	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	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. <table border="1" data-bbox="496 930 1511 1136"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J1442</td> <td>Neupogen (filgrastim)</td> <td>Billing unit: 1 mcg 300 mcg/0.5 mL, 300 mcg/1 mL, 480 mcg/0.8 mL, 480 mcg/1.6 mL SD vial/syringe</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J1442	Neupogen (filgrastim)	Billing unit: 1 mcg 300 mcg/0.5 mL, 300 mcg/1 mL, 480 mcg/0.8 mL, 480 mcg/1.6 mL SD vial/syringe
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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