# Fylnetra *(pegfilgrastim-pbbk)*

| PA Criteria | Criteria Details |
|---|---|
| **Covered Uses (FDA approved indication)** | Fylnetra is a leukocyte growth factor indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. |
| **Exclusion Criteria** | None. |
| **Required Medical Information** | Medical records supporting the request, including documentation of prior therapies and responses to treatment, 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. |

| HCPCS | Description | Billing Units/How Supplied |
|---|---|---|
| Q5130 | Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg | **Billing unit: 0.5 mg**<br><br>6 mg/0.6 mL prefilled syringe |

| 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 |
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