

## **Filgrastim (Neupogen, Nivestym, Releuko, and Zarxio) Sargramostim (Leukine)**

Prior authorization is NOT required for filgrastim (Granix) when dispensed through a pharmacy.

Prior authorization is required for Neupogen, Nivestym, Releuko, Zarxio, and Leukine when dispensed through a pharmacy.

### **Coverage Criteria:**

1. Patient must try and fail Granix due to a documented allergic reaction; and,
2. Product must be prescribed within the FDA approved dosing regimen.

### **Renewal Criteria:**

Patient remains unable to use the preferred product, Granix, due to a documented allergic reaction.