

Medical and Payment Policy Updates

For criteria related to a medical decision, call Care Management at 800-722-4714, option 3. Medical policies are available at premera.com/ak/provider/reference/medical-policies-search/

New policy effective for dates of service August 30, 2014 and later:

5.01.551 **Granulocyte Colony-Stimulating Factor (G-CSF) Use in Adult Patients**

This policy is for adult chemotherapy patients at risk of severe febrile neutropenia (FN) who:

- Have experienced FN during a previous cycle of treatment with the current chemotherapy regimen; or
- Are receiving their first cycle of a chemotherapy regimen that is expected to result in a 20% or higher incidence of FN, based on guidelines from the American Society of Clinical Oncology; or

- Have a bone marrow impairment; or
- Have received two or more prior chemotherapy regimens or extensive radiation; or
- Have other serious comorbidities (reviewed on a case-by-case basis).

These agents may be considered medically necessary in the following instances when criteria are met:

- Tbo-filgrastim (Granix[®]) as first-line therapy to decrease the incidence of neutropenia-related infection
- Filgrastim (Neupogen[®]) and pegfilgrastim (Neulasta[®]) as second-line therapy to decrease the incidence of neutropenia-related infection
- Filgrastim (Neupogen[®]) as first-line therapy in patients with acute myeloid leukemia when criteria are met.

Colony-stimulating factors should not be routinely used for afebrile neutropenia. A pre-service review is strongly recommended under the medical benefit for all indications. If a pre-service review is not obtained, we will conduct a retrospective medical necessity review. Services that are not medically necessary will not be covered. Prescriptions filled through a pharmacy will not be filled until a prior authorization occurs. Current members who have a claim prior to Aug. 30, 2014 with Premera will not need a pre-service review to continue filling the prescription.

Premera medical policies are guidelines used to evaluate the medical necessity of a particular service or treatment. We adopt policies after careful review of published, peer-reviewed scientific literature, national guidelines, and local standards of practice. Since medical technology is constantly changing, we reserve the right to review and update our policies as appropriate.

When there are differences between the member's contract and medical policy, the member's contract prevails. The existence of a medical policy regarding a specific service or treatment does not guarantee that the member's contract covers that service.

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