



**Drug Name:** Neulasta

**Date:** 09-2017

<b>Drug Name:</b>	Neulasta
<b>Prescriber Restrictions:</b>	
<b>Age Restrictions:</b>	
<b>Exclusion Criteria:</b>	
<b>Required Medical Information:</b>	<ul style="list-style-type: none"> <li>• Patient is diagnosed with cancer and is, or will be, receiving a known myelosuppressive chemotherapy regimen <u>OR</u> has experienced neutropenia while on a chemotherapy regimen; <b>OR</b></li> <li>• Patient is receiving myelosuppressive doses of radiation; <b>AND</b></li> <li>• Patient has failed an adequate dose and appropriate duration of Neupogen due to compliance issues, lack of efficacy, and/or adverse reaction; <b>OR</b></li> <li>• Appropriate rationale for use of Neulasta over Neupogen has been provided.</li> </ul>
<b>Coverage Duration:</b>	As requested