UCLA MEDICAL GROUP – Managed Care Operations		UCLA Health System
DEPARTMENT:	**Utilization Management**	POLICY NUMBER: UM.GUIDELINE. PEGFILGRASTIM.1.0
SECTION:	**UCLA Medical Group Practice Guideline**	
TITLE:	**Pegfilgrastim Administration**	ISSUE DATE: 10/18/23 EFFECTIVE DATE: 10/18/23 **REVISION DATE:**
UMC Approval Dates:	10/18/23	

PURPOSE:
Provide an evidence-based clinical policy for appropriate administration of Pegfilgrastim in the outpatient setting.

BACKGROUND: Pegfilgrastim is an FDA approved leukocyte growth factor indicated to

1. Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

2. Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome).

Neulasta (J2506) is the reference medication initially developed with 7 biosimilar medications currently available **Fulphila** (Q5108)**, Fylnetra** (Q5130) **, Nyvepria** (Q5122), **Rolvedon** (J1449)**, Stimufend** (Q5127), **Udenyca** (Q5111), **Ziextenzo** (Q5120). Neulasta is the only agent currently available for use through a Neulasta Onpro® kit (96377) on-body injector (OBI); CPT code J2505 was the brand non-specific code retired in 2022.

POLICY:
Self-administration of leukocyte growth factors is appropriate for many, but not all patients. There are many situations in which it is not practical or possible for a patient to self-administer injectable medications including, but not limited to, weakness, general malaise, lacking adequate vision or dexterity, etc. These and similar circumstances may be present during the time of cancer treatment or anticipated based on clinical factors and the nature of the treatment being rendered. It is the position of UCLA Health that professional administration of pegfilgrastim is the preferred method of delivery when self-administration is not possible or practical for an individual patient. Professional administration includes the use of on-body applicators (On-Pro) which may be the most appropriate method for some patients.

APPLICABILITY:

Relevant Product lines/Health Plans:

Product Type	Y/N
Commercial	Y
Medicare Advantage	Y
Medi-Cal	N/A

DEFINITIONS:

Term	Definition

ATTACHMENTS: N/A

REFERENCES:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/125031s198lbl.pdf

RELATED DOCUMENTS: N/A

DOCUMENT CONTROL:

Approving Body: UMC Committee

Date Approved: 10/18/23

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REVISION/REVIEW HISTORY:

Date	Action	Reason
10/10/23	Creation	
10/18/23	UMC Committee approval	