Reference number(s)
3920-A

JURISDICTION SPECIFIC MEDICARE PART B

GRANIX (tbo-filgrastim)

POLICY

I. COVERED USES

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

The list of covered ICD-10 codes is prohibitively long to include within this policy. A complete list can be found at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. The FDA-labeled indications and recognized compendia (off-label) uses are listed below:

A. Chemotherapy-induced myelosuppression in non-myeloid malignancies
B. Mobilization of hematopoietic progenitor cells in the autologous setting
C. Hematopoietic cell transplant for supportive care in the post-transplant setting
D. Anemia in myelodysplastic syndrome
E. Acute exposure to myelosuppressive doses of radiation

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions:
A. Relevant medical history, physical examination, results of pertinent diagnostic tests or procedures
B. Medical record with name of drug administered, route of administration, dosage, duration of the administration.

III. CRITERIA FOR APPROVAL

A. Prevention of Neutropenia in Cancer Patients Receiving Myelosuppressive Chemotherapy
Authorization of 6 months may be granted for prevention of neutropenia in cancer patients receiving myelosuppressive chemotherapy.

B. Mobilization of Hematopoietic Progenitor Cells in the Autologous Setting
Authorization of 6 months may be granted for mobilization of hematopoietic progenitor cells in the autologous setting.

C. Hematopoietic Cell Transplant for Supportive Care in the Post-Transplant Setting

Authorization of 6 months may be granted for supportive care in the post-transplant setting in members who have received a hematopoietic cell transplant.

D. Anemia in Myelodysplastic Syndrome
Authorization of 6 months may be granted for treatment of anemia in myelodysplastic syndrome.

E. Acute Exposure to Myelosuppressive Doses of Radiation
Authorization of 6 months may be granted for acute exposure to myelosuppressive doses of radiation.

IV. DOSAGE AND ADMINISTRATION

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

V. REFERENCES

1. Drugs and Biologicals LCD (L33394) Version R14. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed June 16, 2021.
2. Billing and Coding: Filgrastim, Pegfilgrastim, Tbo-filgrastim and biosimilars (A52408) Version R14. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed June 16, 2021.
3. Billing and Coding: Drugs and Biologicals (A52855) Version R7. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed June 16 2021.
4. Granix [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; November 2019.
5. The NCCN Drugs & Biologics Compendium® © 2020 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed June 16, 2021.
6. IBM Micromedex® DRUGDEX® (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com (cited: April 28, 2020).