

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

Medication	Comments
Neumega (oprelvekin)	N/A

### OVERRIDE(S)

Prior Authorization of Benefits

### APPROVAL DURATION

1 year

### APPROVAL CRITERIA

Neumega (oprelvekin) may be approved following myelosuppressive chemotherapy for non-myeloid malignancies when the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual is at high risk of developing severe thrombocytopenia (platelet count of less than or equal to 20,000/ $\mu$ L defined as either of the following:
  - a. Severe thrombocytopenia occurred following the prior chemotherapy cycle; **OR**
  - b. Individual received dose-dense or dose-intensive chemotherapy likely to cause severe thrombocytopenia.

Neumega (oprelvekin) may **NOT** be approved following myeloablative chemotherapy

Neumega (oprelvekin) may **NOT** be approved for all other indications when the approvable criteria are not met, including but not limited to the following:

- I. Chemotherapy-related bacteremia; **or**
- II. Crohn's disease; **or**
- III. Dengue Fever (DF); **or**
- IV. Hemophilia; **or**
- V. Myelodysplastic syndrome; **or**
- VI. Refractory immune thrombocytopenic purpura (ITP); **or**
- VII. Rheumatoid arthritis; **or**
- VIII. Von Willebrand disease.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.