

PURPOSE OF THE POLICY

To establish guideline criteria for coverage of Neumega.

STATEMENT OF THE POLICY

Neumega will be covered if the following criteria are met, for new starts only:

PROCEDURES

1. Criteria

- 1.1 Must be ordered by an Oncologist/Hematologist.
- 1.2 Covered for FDA approved indications not otherwise excluded from Part D.
- 1.3 Dosage: Thrombocytopenia prophylaxis, 50mcg/kg subcutaneously daily for up to 21 days or until post-nadir platelet count is greater than or equal to 50,000/mcL
- 1.4 AND if post nadir count is not reached, therapy is continued per MD request.

HISTORY

1.1.09-Thowerton-created for Medicare D 2009

1/1/2010-Thowerton - P&T no changes

1/1/2011-Thowerton-P&T no chngs

1/1/2012-Thowerton-P&T no chngs