

Pegfilgrastim-jmdb (Fulphila™)**Place of Service****Home Infusion Administration****Self-Administration****Office Administration****Outpatient Facility Infusion Administration****Infusion Center Administration****HCPC:** J3490**NDC:**

- 67457-833-06: 6 mg/0.6 mL prefilled syringe

1. All requests for pegfilgrastim-jmdb (Fulphila™) must receive authorization prior to drug administration for claim payment.
2. Criteria for coverage is pending P&T Committee approval.
3. In the interim, all requests for coverage will be reviewed for medical necessity.

Fulphila™ prescribing information:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/761075s000lbl.pdf