

pegfilgrastim

Commercial Medical Benefit Drug Policy

pegfilgrastim (Neulasta)
pegfilgrastim-apgf (Nyvepria)
pegfilgrastim-bmez (Ziextenzo)
pegfilgrastim-cbqv (Udenyca)
pegfilgrastim-fpgk (Stimufend)
pegfilgrastim-jmdb (Fulphila)
pegfilgrastim-pbbk (Fylnetra)

For oncology-related indications, medical necessity criteria can be found here: [Blue Shield Oncology-Related Medication Policies](#).

For PPO, Direct Contract HMO, and when applicable, ASO, and Shared Advantage: Please access Evolent's [CarePro Provider Portal](#) to submit your request.

Place of Service

Home Infusion Administration
Infusion Center Administration
Office Administration
Outpatient Facility Infusion Administration
Self-Administration

Fulphila and Udenyca are the preferred pegfilgrastim products. Request for Fylnetra, Neulasta, Nyvepria, Stimufend, and Ziextenzo for members requesting pegfilgrastim therapy will require treatment failure or intolerance to all the preferred drugs or contraindication to all the preferred drugs for certain indications.

Drug Details

USP Category: BLOOD PRODUCTS AND MODIFIERS

Mechanism of Action: colony stimulating factor

HCPCS:

J2506:Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Q5108:Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg
Q5111:Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg
Q5120:Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg
Q5122:Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg
Q5127:Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
Q5130:Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg

How Supplied:

Neulasta

- 6 mg per 0.6 mL single-dose prefilled syringe
- 6 mg/0.6 mL solution in a single-dose prefilled syringe with On-body Injector.

Udenyca

pegfilgrastim

- 6 mg per 0.6 mL single-dose prefilled syringe or autoinjector.
- 6 mg/0.6 mL solution in a single-dose prefilled syringe with On-body Injector.

Fulphila, Fylnetra, Nyvepria, Stimufend, Zixtenzo

- 6 mg/0.6 mL single-dose prefilled syringe

Condition(s) listed in policy (see coverage criteria for details)

- Acute Exposure to Myelosuppressive Doses of Radiation
- Bone Marrow Transplantation (BMT)

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

The following condition(s) DO NOT require Prior Authorization/Preservice if ALL its parameters are met, otherwise Prior Authorization/Preservice is required.

Acute Exposure to Myelosuppressive Doses of Radiation

Covered Doses:

6 mg given subcutaneously for two doses, given one week apart

ICD-10:

T66.X (X = any number)

Bone Marrow Transplantation (BMT)

1. For a non-preferred pegfilgrastim product (Fylnetra, Neulasta, Nyvepria, Stimufend, or Zixtenzo) request and patient has an intolerance or contraindication with the preferred pegfilgrastim products (Fulphila and Udenyca) that is not expected with the requested pegfilgrastim product

Covered Doses:

6 mg given subcutaneously for one dose on Day 1 following transplant

ICD-10:

Z48.290, Z52.011, Z94.81, Z94.84, or CPT codes: 38240, 38241

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>

pegfilgrastim

3. Fulphila (pegfilgrastim-jmdb) Prescribing Information. Biocon Biologics Inc., Cambridge, MA: 6/2023.
4. Fylnetra (pegfilgrastim-pbbk) Prescribing Information. Amneal Pharmaceuticals LLC., Bridgewater, NJ: 5/2022.
5. National Comprehensive Cancer Network. Hematopoietic Cell Transplantation, (Version 2.2025). Available at <http://www.nccn.org>.
6. National Comprehensive Cancer Network. Hematopoietic Growth Factors (Version 1.2025). Available at <http://www.nccn.org>.
7. Neulasta (pegfilgrastim) Prescribing Information. Amgen, Inc., Thousand Oaks, CA: 2/2021.
8. Nyvepria (pegfilgrastim-apgf) Prescribing Information. Pfizer Inc., New York, NY: 3/2023.
9. Smith TJ, Bohlke K, Lyman GH, et al. Recommendations for the Use of WBC Growth Factors: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol*. 2015;33(28):3199-3212.
10. Stimufend (pegfilgrastim-fpgk) Prescribing Information. Fresenius Kabi USA, LLC., Lake Zurich, IL: 9/2023.
11. Udenyca (pegfilgrastim-cbqv) Prescribing Information. Coherus BioSciences, Inc., Redwood City, CA: 12/2023.
12. Zixtenzo (Pegfilgrastim-bmez) Prescribing Information. Princeton, NJ: Sandoz Inc.; 3/2021.

Review History

Date of Last Annual Review: 3Q2025

Changes from previous policy version:

- For oncology-related indications, medical necessity criteria can be found here: [Blue Shield Oncology-Related Medication Policies](#).
- For PPO, Direct Contract HMO, and when applicable, ASO, and Shared Advantage: Please access Evolent's [CarePro Provider Portal](#) to submit your request.

Blue Shield of California Medication Policy to Determine Medical Necessity

Reviewed by P&T Committee

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