

Indications of Filgrastim & Peg-filgrastim

Adjudication Guideline

Rule Category:
Pharmaceutical

Ref: No:
2013-PH-0001

Version Control:
Version No.5

Effective Date:
12/11 2018

Revision Date:
24/10/2024

Approved by:
Daman

Responsible:
Pharmacy Standards &
Governance

**Related Adjudication
Guidelines:**

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1. Abstract

1.1 For Members

Filgrastim and Peg-filgrastim are medicines used to decrease the chance of infection in people who have certain types of cancer and are receiving chemotherapy medications

Chemotherapy medicines may decrease the number of neutrophils (a type of blood cell needed to fight infection), in people who are undergoing bone marrow transplants, and in people who have severe chronic neutropenia (a condition where the number of neutrophils in the blood is low). Filgrastim helps the body in making more neutrophils. Likewise, Peg-filgrastim also stimulates the level of neutrophils.

Filgrastim is also used to prepare the blood for leukapheresis (a treatment in which certain blood cells are removed from the body and then returned to the body following chemotherapy).

Daman covers treatment with Filgrastim and Peg-filgrastim, as per medical necessity and as per policy terms and conditions of each health insurance plan of Daman.

1.2 For Medical Professionals

This adjudication rule highlights the coverage of Filgrastim and Peg-filgrastim for all the health insurance plans administered by Daman.

Filgrastim is a granulocyte colony-stimulating factor (G-CSF) analogue used to act on hematopoietic cells by binding to specific cell surface receptors and stimulating proliferation, differentiation commitment, and some end-cell functional activation.

Peg-filgrastim is a leukocyte growth factor indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia and to increase survival in patients acutely exposed to myelosuppressive doses of radiation.

2. Scope

This adjudication rule highlights the coverage of Filgrastim for all health insurance plans administered by Daman.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Filgrastim and Peg-filgrastim are covered for all health insurance plans administered by Daman, except for Visitor's and Basic plan (as per availability in the HAAD Basic Drug list – as dated June 2016).

Daman covers **Filgrastim**:

- In patients with non-myeloid malignancies receiving myelosuppressive chemotherapy associated with a significant incidence of severe neutropenia with fever
- For patients with Acute Myeloid Leukaemia receiving induction or consolidation chemotherapy

- For cancer patients receiving bone marrow transplant (myeloablative chemotherapy before a bone marrow transplant)
- For mobilization of hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis in patients undergoing peripheral blood progenitor cell collection and therapy
- To reduce the incidence and duration of sequelae of neutropenia (e.g. fever and infections) in symptomatic patients with congenital neutropenia, cyclic neutropenia or idiopathic neutropenia.

Daman covers **Peg-filgrastim** to:

- Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs.
- Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Sub-syndrome of Acute Radiation Syndrome).
- Current medical references and regulatory guidelines emphasize the importance of initiating therapy with biosimilar products for patients who have not yet undergone biological treatments.

3.2 Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

3.3 Non-Coverage

Filgrastim and Peg-filgrastim are not covered for Basic Plan as per availability in the HAAD drug list.

- Filgrastim and Peg-filgrastim are not covered for Visitor's Plan.
- Daman will not cover Filgrastim and Peg-filgrastim for below given conditions, as they are contraindicated in these conditions:
 - In patients with known hypersensitivity to E-coli-derived proteins
 - In patients with known hypersensitivity to Filgrastim or to any component of the product.

3.4 Payment and Coding Rules

Please apply HAAD payment rules and regulations, and relevant coding manuals for ICD, CPT, etc.

Adjudication Examples

- Example 1

Question: A 26-year-old male holding an Enhanced Plan card, went to a hospital suffering from fever. Doctor diagnosed him with "drug induced neutropenia" due to chemotherapy, documented with a blood test result, and prescribed Filgrastim for him. Will this claim be paid?

Answer: Yes, the claim will be covered.

- Example 2

Question: A 33-year-old male holding a Basic Plan card, went to a hospital suffering from fever. He is a known case of Acute Myeloid Leukaemia and has recently received chemotherapy. Doctor's diagnosis was "Acute myeloid leukaemia with neutropenia." Blood test result was documented, and then Filgrastim was prescribed for him. Is this claim payable?

Answer: No, the claim will be rejected, as Filgrastim is not covered for Basic plan.

- Example 3

Question: A 25-year-old male holding an Enhanced Plan card was admitted to a hospital for administration of chemotherapy. He is a known case of Acute Myeloid Leukaemia. On the first day of admission, the doctor prescribes a chemotherapy regimen plus Filgrastim to be administered on day 1 of admission. How will you adjudicate this claim?

Answer: The claim will be rejected as Filgrastim should not be administered in the period 24 hours before the administration of cytotoxic chemotherapy.

4. Denial Codes

Code	Code Description
NCOV-001	Diagnosis is not covered
NCOV-002	Pre-existing conditions are not covered
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice and requires additional information.
MNEC-005	Service / supply may be appropriate but too frequent
PRCE-002	Payment is included in the allowance for another service.

5. Appendices

5.1 References

http://www.uptodate.com/contents/hematologic-manifestations-of-hiv-infection-neutropenia?source=search_result&search=leukopenia+in+hiv&selectedTitle=1%7E150#H6 (1)

http://www.accessdata.fda.gov/drugsatfda_docs/label/1998/filgamg040298lb.pdf

www.nccn.com (3)

National Cancer Institute. NCI drug dictionary: Folfirinox. National Cancer Institute. Available at: <http://www.cancer.gov/publications/dictionaries/cancer-drug?CdrID=710968> (4)

<http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/PediatricAdvisoryCommittee/UCM235408.pdf> (5)

http://www.accessdata.fda.gov/drugsatfda_docs/label/2015/125031s180lbl.pdf (6)

<http://emedicine.medscape.com/article/887140-treatment#showall> (7)

https://www.accessdata.fda.gov/drugsatfda_docs/label/1998/filgamg040298lb.pdf

https://www.accessdata.fda.gov/drugsatfda_docs/label/2002/pegfamg013102LB.pdf

5.2 Revision History

Date	Version No.	Change(s)
01/07/2013	V1.0	Creation of Adjudication Guideline-External Instruction Template.
01/03/2014	V2.0	Disclaimer updated as per system requirements
01/05/2016	V3.0	- Off-labelled indications listed - Workflow pathways added for claims and authorization dept.
12/11/2018	V4.0	Content update
24/10/2024	V5.0	Biosimilar use in eligibility and coverage