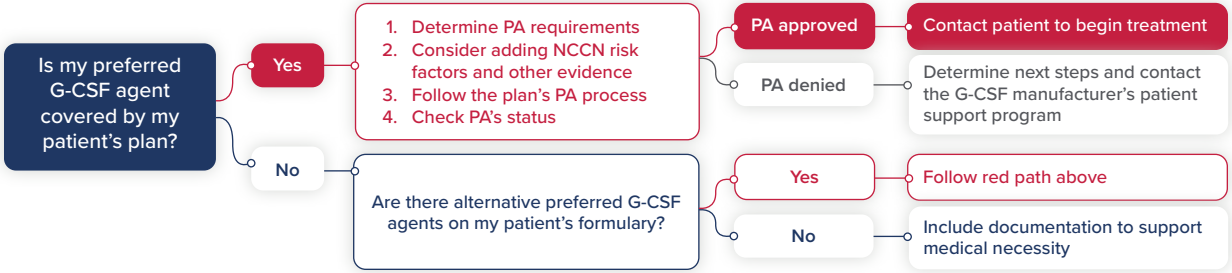
For your patients at risk of neutropenia, you may need to submit a prior authorization (PA) request for use of a G-CSF agent as prophylactic treatment

Consider the suggestions below for completing PA requests, and see the next page for the National Comprehensive Cancer Network® (NCCN®) recommendations for prophylactic G-CSF use based on a patient's risk of developing febrile neutropenia.

How to request a PA for a G-CSF on behalf of your patient*

- Based on your clinical judgment, consider a G-CSF agent that may be appropriate for the patient's medical need
- Refer to the coverage policy of your patient's health plan to assess if a plan-preferred G-CSF agent (branded and/or biosimilar) is available
- See the graphic below for the key steps in the coverage and appeals process



Based on clinical judgment, prophylactic use of a G-CSF may be considered for your patients. See the next page for NCCN guidance on determining your patient's risk level.

*For informational purposes only. Gilead does not guarantee PA approval, coverage, or reimbursement. Always verify PA requirements with the relevant payer. Clinicians are solely responsible for including appropriate and accurate information. This resource is not intended to be a substitute for an HCP's independent professional judgment.

Determine your patient's level of risk for developing febrile neutropenia[a]

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Hematopoietic Growth Factors recommends prophylactic G-CSF use based on each patient's risk of developing febrile neutropenia.

Assess your patient's risk factors to help determine their risk level.

Patient Risk Factors[b,c]

- Prior chemotherapy or radiation therapy
- Persistent neutropenia
- Bone marrow involvement by tumor
- Recent surgery and/or open wounds
- Liver dysfunction (ie, bilirubin > 2.0 mg/dL)
- Renal dysfunction (ie, creatinine clearance < 50 mL/min)
- >65 Age > 65 years receiving full chemotherapy dose intensity

Risk Levels

High (> 20%)

Prophylaxis with G-CSF is a Category 1 recommendation for any patient considered to be at high patient-related risk

Intermediate (10%-20%)

Prophylaxis with G-CSF may be considered for patients with ≥ 1 of the risk factors on the left; if no risk factors, observe

Low (< 10%)

Prophylactic G-CSFs are not routinely recommended for patients receiving low-risk regimens

Based on clinical judgment, G-CSFs may be considered for patients who have ≥ 2 patient-related risk factors

To support use of the selected G-CSF agent, consider adding the NCCN patient risk factors and other evidence, such as treatment history, to your PA request.

If you have any questions, please contact the field representative from the G-CSF's manufacturer.

There is currently no consensus nomogram for FN risk assessment. While the NCCN Panel outlines criteria to aid in the assessment of FN risk, independent clinical judgment should be exercised based on the individual patient's situation.

[a]Following chemotherapy in adult patients with solid tumors and nonmyeloid malignancies.

[b]Other possible patient risk factors for febrile neutropenia may include poor performance status or human immunodeficiency virus (HIV) infection (in particular, patients with low CD4 counts). The listed patient risk factors are based on a multivariable risk model using a prospective cohort study of several thousand ambulatory cancer patients receiving chemotherapy. This cohort did not include patients with HIV, acute leukemia, or a hematopoietic cell transplant.

[c]Other factors may warrant the use of G-CSFs (eg, chronic immunosuppression in the posttransplant setting, including organ transplant).

FN, febrile neutropenia; G-CSF, granulocyte-colony stimulating factor; NCCN, National Comprehensive Cancer Network® (NCCN®).

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