NEULASTA

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neulasta</td>
<td>pegfilgrastim</td>
<td>3 Months</td>
</tr>
</tbody>
</table>

Approvable Criteria:

1. Is Neulasta being prescribed by, or in consultation with, an oncologist or hematologist?
   - If yes, continue to #2.
   - If no, do not approve.

2. Will the filgrastim be used to treat expected neutropenia following a course of chemotherapy OR to treat severe neutropenia (absolute neutrophil count of less than 500/mm³) associated with myelodysplastic syndromes (MDS)?
   - If yes, continue to #3.
   - If no, do not approve.

3. Is the duration of neutropenia less than 14 days?
   - If yes, do not approve.
   - If no, approve for 3 months.

SPECIALTY PHARMACY PRODUCT

FDA Approved Indication:
Cancer Chemotherapy: 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 significant incidence of severe neutropenia with fever.

References:
- Neulasta prescribing information 2002.