Note: This example letter is provided as a courtesy and not intended to be directive. Physicians should exercise medical judgment and discretion to appropriately diagnose and characterize the individual patient's medical condition. In addition, HCPs are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.

Neulasta® / Neulasta® Onpro® (pegfilgrastim) Sample Letter of Medical Necessity

(Practice Letterhead)

(Date)

(Payer Name)
(Payer Representative)
(Payer Address)
(City, State ZIP Code)

Attention: **(Payer Representative)**
Attention: **(Department Name)**

Re: Coverage of **Neulasta®** / **Neulasta® Onpro® (pegfilgrastim)**
Subscriber: **(Subscriber's First and Last Name)**
Patient Name: **(Patient's First and Last Name)**
Policy # / Patient ID: **(Policy Number / Patient's ID)**
Group #: **(Group Number)**
Patient Date of Birth: **(Patient Date of Birth)**
Patient Age: **(Patient Age)**
Patient Sex: **(Patient Sex)**

Dear Medical or Pharmacy Director:

I am writing on behalf of **(Patient's name)**, **(policy #)**, to document the medical necessity of **Neulasta®** / **Neulasta® Onpro®.** The full Prescribing Information for **Neulasta®** / **Neulasta® Onpro®** can be accessed here: Neulasta PI

(Mr/Mrs/Ms) (Patient's name)'s medical history and course of treatment are as follows:

- **Diagnosis**
- **Previous and current treatment regimens**
- **Patient response**
- **Medical literature regarding the use of Neulasta® to reduce FN risk in patients receiving myelosuppressive anti-cancer drugs**

Neulasta® is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.
Neulasta® is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

In view of the above information and the supporting documentation enclosed, I believe Neulasta® is medically necessary and reasonable for this patient's medical condition.

(Include if specific to Neulasta® Onpro®)
Moreover, below are other considerations that I have deemed relevant for this request (Please only include what is relevant for your individual patient circumstances in your clinical judgement)

- Patient burden
  - The patient struggles to get transportation – transportation to the office is not available or would be a significant burden to the patient and / or caregiver
  - The patient has multiple consecutive days of chemo – returning to the office after receiving multiple consecutive days of chemotherapy put an unnecessary burden on the patient / caregiver
  - The patient has significant family or work conflicts
  - The patient lives far away – distance to healthcare facility: __; total travel time to healthcare facility: __
- The patient requests Neulasta® Onpro® – specific request from patient who don't want to come back
- Holiday – chemo a day before holiday closings
- The patient has a history of missed appointments
- Patient is immunosuppressed and must limit outside contact
- Friday chemo – the clinic is closed on Saturdays

In summary, **Neulasta®** / **Neulasta® Onpro®** is medically necessary and reasonable for **(Mr/Mrs/Ms) (Patient's name)'s** medical condition. Please contact me if any additional information is required to ensure the prompt approval of this course of treatment.

Sincerely,

(Physician's name)

Please see full important safety information on next page.
[List enclosures as appropriate: Examples of enclosures include excerpt(s) from patient's medical record, relevant treatment guidelines, and product Prescribing Information.]

Important Safety Information

Contraindication

- Neulasta® is contraindicated in patients with a history of serious allergic reactions to pegfilgrastim or filgrastim
- Reactions have included anaphylaxis

Splenic Rupture

- Splenic rupture, including fatal cases, can occur following the administration of Neulasta®
- Evaluate for an enlarged or ruptured spleen in patients who report left upper abdominal or shoulder pain

Acute Respiratory Distress Syndrome (ARDS)

- ARDS has occurred in patients receiving Neulasta®
- Evaluate patients who develop a fever and lung infiltrates or respiratory distress after receiving Neulasta®
- Discontinue Neulasta® in patients with ARDS

Serious Allergic Reactions

- Serious allergic reactions, including anaphylaxis can occur in patients receiving Neulasta®
- Majority of events occurred upon initial exposure and can recur within days after discontinuation of initial anti-allergic treatment
- Permanently discontinue Neulasta® in patients with serious allergic reactions

Allergies to Acrylics

- On-body injector (OBI) for Neulasta® uses acrylic adhesives
- Patients who are allergic to acrylic adhesives may have a significant reaction

Use in Patients With Sickle Cell Disorders

- In patients with sickle cell trait or disease, severe and sometimes fatal sickle cell crises can occur in patients receiving Neulasta®
- Discontinue Neulasta® if sickle cell crisis occurs

Glomerulonephritis

- Has occurred in patients receiving Neulasta®
- Diagnoses based on azotemia, hematuria, proteinuria, and renal biopsy
- Generally events resolved after dose reduction or discontinuation of Neulasta®
- If suspected, evaluate for cause and if cause is likely, consider dose-reduction or interruption of Neulasta®

Leukocytosis

- Increased white blood cell counts of 100 x 10^9/L have been observed
- Monitoring of complete blood count (CBC) during pegfilgrastim therapy is recommended

Thrombocytopenia

- Thrombocytopenia has been reported in patients receiving pegfilgrastim. Monitor platelet counts.

Capillary Leak Syndrome (CLS)

- CLS has been reported after G-CSF administration, including Neulasta®
- Characterized by hypotension, hypoalbuminemia, edema, and hemoconcentration
- Episodes vary in frequency, severity, and may be life-threatening if treatment is delayed
- Patients with symptoms should be closely monitored and receive standard symptomatic treatment, which may include intensive care

Potential for Tumor Growth Stimulatory Effects on Malignant Cells

- G-CSF receptor has been found on tumor cell lines
- The possibility that pegfilgrastim acts as a growth factor for any tumor type, including myeloid malignancies and myelodysplasia, diseases for which Neulasta® is not approved, cannot be excluded

Myelodysplastic Syndrome (MDS) and Acute Myeloid Leukemia (AML) in Patients with Breast and Lung Cancer

- MDS and AML have been associated with the use of Neulasta® in conjunction with chemotherapy and/or radiotherapy in patients with breast and lung cancer. Monitor patients for signs and symptoms of MDS/AML in these settings.

Potential Device Failures

- Missed or partial doses have been reported in patients receiving pegfilgrastim via the on-body injector (OBI) due to the device not performing as intended
- In the event of a missed or partial dose, patients may be at increased risk of events such as neutropenia, febrile neutropenia and/or infection than if the dose had been correctly delivered
- Instruct patients to notify their healthcare professional immediately in order to determine the need for a replacement dose if they suspect that the device may not have performed as intended

Aortitis

- Aortitis has been reported in patients receiving Neulasta®. It may occur as early as the first week after start of therapy
- Manifestations may include generalized signs and symptoms such as fever, abdominal pain, malaise, back pain, and increased inflammatory markers (e.g., c-reactive protein and white blood cell count)
- Consider aortitis in patients who develop these signs and symptoms without known etiology. Discontinue Neulasta® if aortitis is suspected

Nuclear Imaging

- Increased hematopoietic activity of the bone marrow in response to growth factor therapy has been associated with transient positive bone imaging changes. This should be considered when interpreting bone imaging results

Most common adverse reactions

- Bone pain
- Pain in extremity

Please see accompanying Neulasta® full Prescribing Information.

Neulasta® Injection: 6 mg/0.6 mL in a single-dose prefilled syringe for manual use only.

Neulasta® Injection: 6 mg/0.6 mL in a single-dose prefilled syringe co-packaged with the on-body injector (OBI) for Neulasta® (Neulasta® Onpro® kit).

Special Instructions for the On-body Injector (OBI) for Neulasta® (pegfilgrastim)

A healthcare provider must fill the on-body injector (OBI) with Neulasta® using the co-packaged prefilled syringe and then apply the OBI to the patient's skin (abdomen or back of arm). The back of the arm may only be used if there is a caregiver available to monitor the status of the OBI. Approximately 27 hours after the OBI is applied to the patient's skin, Neulasta® will be delivered over approximately 45 minutes. A healthcare provider may initiate administration with the OBI on the same day as the administration of cytotoxic chemotherapy, as long as the OBI delivers Neulasta® no less than 24 hours after the administration of cytotoxic chemotherapy.

The prefilled syringe co-packaged in the Neulasta® Onpro® kit contains additional solution to compensate for liquid loss during delivery through the OBI. If this syringe is used for manual subcutaneous injection, the patient will receive an overdose. If the prefilled syringe for manual use is used with the OBI, the patient may receive less than the recommended dose.

Do not use the OBI to deliver any other drug product except the Neulasta® prefilled syringe co-packaged with the OBI. Use of the OBI has not been studied in pediatric patients.

The OBI should be applied to intact, non-irritated skin on the arm or abdomen.

A missed dose could occur due to an OBI failure or leakage. Instruct patients using the OBI to notify their healthcare professional immediately in order to determine the need for a replacement dose of pegfilgrastim if they suspect that the device may not have performed as intended. If the patient misses a dose, a new dose should be administered by single prefilled syringe for manual usw as soon as possible after detection.

Review the Patient Information and Patient Instructions for Use with the patient and provide the instructions to the patient.

Refer to the Healthcare Provider Instructions for Use for the OBI for full administration information.

For any OBI problems, call Amgen at 1-800-772-6436 or 1-844-MYNEULASTA (1-844-696-3852).