Tbo-filgrastim Inpatient Formulary Interchange

<u>P&T committee automatic interchange</u> of tbo-filgrastim (GranixTM) for filgrastim (Neupogen[®]) in adults experiencing or expected to experience neutropenia from myelosuppressive chemotherapy used to treat non-myeloid malignancies.

<u>Restriction</u> of filgrastim (Neupogen[®]) to use in hematopoietic (bone marrow) stem cell transplantation; myeloid malignancies; and in pediatric patients.

Interchange:

- Filgrastim 300 mcg subcutaneously to Tbo-filgrastim 300 mcg subcutaneously.
- Filgrastim 480 mcg subcutaneously to Tbo-filgrastim 480 mcg subcutaneously.

Restrictions:

- 1. Filgrastim will be restricted to use in stem cell mobilization prior to hematopoietic (bone marrow) stem cell transplantation and for colony stimulation post stem cell transplantation.
- 2. Filgrastim will also be restricted to use for colony stimulation in myeloid malignancies (acute myeloid leukemia [AML], chronic myeloid leukemia [CML], myelodysplastic syndrome [MDS])
- 3. Filgrastim will be restricted for use in pediatric patients.

Reason: Approved by P&T Committee and Oncology Service Line in July/August of 2014. Tbo-filgrastim is a granulocyte colony stimulating factor FDA approved for use with myelosuppressive chemotherapy to reduce the duration of severe neutropenia in patients with nonmyeloid malignancies. Interchange to tbo-filgrastim will be a substantial cost savings measure for the hospital system. Tbo-filgrastim will be restricted to inpatient use only.

Clinical Scenario	Granix (tbo- filgrastim)	Neupogen (filgrastim)	Neulasta (pegfilgrastim)	Comments
Neutropenia from myelosuppressive chemotherapy for non- myeloid malignancies	Preferred agent	Interchange to tbo-filgrastim at same dosing schedule	Do not use	Examples of non-myeloid malignancies: Solid tumors such as breast/colon cancers Acute lymphocytic leukemia (ALL) Lymphomas (Hodgkin's disease, NHL, etc.)
Patient with a myeloid malignancy	Do not use	Preferred agent	Do not use	Examples of myeloid malignancies: Acute myeloid leukemia (AML) Acute promyelocytic leukemia (APL) Chronic myeloid leukemia (CML) Myelodysplastic syndrome (MDS)
Mobilization before stem cell transplant	Do not use	Preferred agent	Do not use	Example: Given after high dose cyclophosphamide for multiple myeloma patients who will have stem cells collected
Post autologous stem cell transplantation	Do not use	Preferred agent	Acceptable alternative per P&T	Example: Patients in OSCU 5WA receiving high dose chemotherapy, receive their stem cells, then receive CSF
Pediatric patients	Do not use	Preferred agent	Do not use	< 18 years of age

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