



# FILKRI™ Billing and Coding Guide

**HCPCS Code: Q5172**

Accord BioPharma, Inc. developed this guide to assist health care providers (HCPs) and staff on coding, billing, and reimbursement for FILKRI™ when administered in the physician's office or hospital outpatient department (HOPD).

The information in this guide is for informational purposes only. Accord BioPharma, Inc. does not guarantee reimbursement for FILKRI™. It is the sole responsibility of HCPs to ensure the reported codes are accurate, complete, and supported by medical record documentation.

Please see Important Safety Information and Indications on pages 2–5, and for the FILKRI™ full Prescribing Information,

Visit:

[https://www.accordbiopharma.com/our-therapies/filkri/filkri\\_pi.pdf](https://www.accordbiopharma.com/our-therapies/filkri/filkri_pi.pdf)

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## **IMPORTANT SAFETY INFORMATION¹**

### **FILKRI is contraindicated:**

- In patients with a history of serious allergic reactions to human granulocyte colony-stimulating factors (G-CSFs) such as filgrastim or pegfilgrastim products.

### **Splenic Rupture:**

- Splenic rupture, including fatal cases, has been reported following the administration of filgrastim products. Evaluate patients who report left upper abdominal or shoulder pain for an enlarged spleen or splenic rupture.

### **Acute Respiratory Distress Syndrome (ARDS):**

- ARDS has been reported in patients receiving filgrastim products. Evaluate patients who develop fever and lung infiltrates or respiratory distress for ARDS. Discontinue FILKRI in patients with ARDS.

### **Serious Allergic Reactions:**

- Serious allergic reactions, including anaphylaxis, have been reported in patients receiving filgrastim products. The majority of reported events occurred upon initial exposure. Provide symptomatic treatment for allergic reactions. Allergic reactions, including anaphylaxis, in patients receiving filgrastim products can recur within days after the discontinuation of initial anti-allergic treatment. Permanently discontinue FILKRI in patients with serious allergic reactions.

### **Sickle Cell Disorders:**

- Severe and sometimes fatal sickle cell crises can occur in patients with sickle cell disorders receiving filgrastim products. Discontinue FILKRI if sickle cell crisis occurs.

### **Glomerulonephritis:**

- Occurred in patients receiving filgrastim products. Diagnoses were based on azotemia, hematuria, proteinuria, and renal biopsy. Generally, events resolved after dose reduction or discontinuation of filgrastim products. If causality is likely, consider dose-reduction or interruption of FILKRI.

### **Alveolar Hemorrhage and Hemoptysis:**

- Alveolar hemorrhage, manifesting as pulmonary infiltrates and hemoptysis requiring hospitalization, have been reported in FILKRI treated healthy donors undergoing peripheral blood progenitor cell (PBPC) collection mobilization. Hemoptysis resolved with discontinuation of filgrastim products. The use of FILKRI for PBPC mobilization in healthy donors is not an approved indication.

### **Capillary Leak Syndrome (CLS):**

- CLS has been reported after G-CSF administration, including filgrastim products and is 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 appropriate treatment.

### **Myelodysplastic Syndrome (MDS) and Acute Myeloid Leukemia (AML):**

#### **Patients with Severe Chronic Neutropenia (SCN):**

- Confirm the diagnosis of SCN before initiating FILKRI therapy. MDS and AML have been reported to occur in the natural history of congenital neutropenia without cytokine therapy. Cytogenetic abnormalities, transformation to MDS, and AML have also been observed in patients treated with filgrastim products for SCN. Abnormal cytogenetics and MDS have been associated with the eventual development of myeloid leukemia. The effect of filgrastim products on the development of abnormal cytogenetics and the effect of continued filgrastim administration in patients with abnormal cytogenetics or MDS are unknown. Monitor patients for signs and symptoms of MDS/AML in these settings. If a patient with SCN develops abnormal cytogenetics or myelodysplasia, the risks and benefits of continuing FILKRI should be carefully considered.

#### **Patients with Breast and Lung Cancer:**

- MDS and AML have been associated with the use of filgrastim products 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.

### **Thrombocytopenia:**

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

### **Leukocytosis:**

#### **Patients with Cancer Receiving Myelosuppressive Chemotherapy:**

- White blood cell counts  $\geq 100,000/\text{mm}^3$  were observed in about 2% of patients who received filgrastim products at dosages above 5 mcg/kg/day. Discontinue FILKRI if the absolute neutrophil count (ANC) surpasses  $10,000/\text{mm}^3$  after the chemotherapy-induced ANC nadir has occurred. Monitor CBCs at least twice weekly during therapy with FILKRI.

Discontinuation of filgrastim therapy usually resulted in a 50% decrease in circulating neutrophils within 1 to 2 days, with a return to pretreatment levels in 1 to 7 days.

### Cutaneous Vasculitis:

Moderate or severe cases of cutaneous vasculitis have been reported in patients treated with filgrastim products. Most reports involved patients with SCN receiving long-term filgrastim therapy. Hold FILKRI therapy in patients with cutaneous vasculitis. FILKRI dose may be reduced when the symptoms resolve and the ANC has decreased.

### Potential Effect on Malignant Cells:

- FILKRI is a growth factor that primarily stimulates neutrophils. The granulocyte colony-stimulating factor (G-CSF) receptor through which FILKRI acts has also been found on tumor cell lines. The possibility that FILKRI acts as a growth factor for any tumor type cannot be excluded. The safety of filgrastim products in chronic myeloid leukemia (CML) and myelodysplasia has not been established.

### Simultaneous Use with Chemotherapy and Radiation Not Recommended:

- The safety and efficacy of FILKRI given simultaneously with cytotoxic chemotherapy and radiation have not been established. Do not use FILKRI 24 hours before or after administration of cytotoxic chemotherapy. The safety and efficacy of FILKRI have not been evaluated in patients receiving concurrent radiation therapy. Avoid the simultaneous use of FILKRI with chemotherapy and radiation therapy.

### Nuclear Imaging:

- Increased hematopoietic activity of the bone marrow has been associated with transient positive bone-imaging changes on nuclear imaging.

### Aortitis:

- Aortitis has been reported in patients receiving filgrastim products. 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 FILKRI if aortitis is suspected.

### The most common adverse reactions in patients:

- **with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs** ( $\geq 5\%$  difference in incidence compared to placebo) are pyrexia, pain, rash, cough, and dyspnea
- **with AML** ( $\geq 2\%$  difference in incidence) are pain, epistaxis, and rash
- **with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by BMT** ( $\geq 5\%$  difference in incidence) is rash
- **with severe chronic neutropenia (SCN)** ( $\geq 5\%$  difference in incidence) are pain, anemia, epistaxis, diarrhea, hypoesthesia, and alopecia

## **INDICATIONS<sup>1</sup>**

### **FILKRI is a leukocyte growth factor 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 significant incidence of severe neutropenia with fever
- Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML)
- Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT)
- Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia
- Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)

## **DOSAGE & ADMINISTRATION<sup>2</sup>**

### **Patients with cancer receiving myelosuppressive chemotherapy or induction and/or consolidation chemotherapy for AML**

- Recommended starting dose is 5 mcg/kg/day administered as:
  - Subcutaneous injection
  - Short intravenous infusion (15 to 30 minutes)
  - Continuous intravenous infusion
- See Full Prescribing Information for recommended dosage adjustments and timing of administration

### **Patients with cancer undergoing bone marrow transplantation**

- 10 mcg/kg/day as an intravenous infusion no longer than 24 hours
- See Full Prescribing Information for recommended dosage adjustments and timing of administration

### **Patients with congenital neutropenia**

- Recommended starting dose is 6 mcg/kg subcutaneous injection twice daily

### Patients with cyclic or idiopathic neutropenia

- Recommended starting dose is 5 mcg/kg subcutaneous injection once daily

### Patients acutely exposed to myelosuppressive doses of radiation

- 10 mcg/kg/day subcutaneous injection once daily

#### Important Administration Instruction

**Direct administration of less than 0.3 mL (180 mcg) is not recommended due to the potential for dosing errors**

### FILKRI IS AVAILABLE AS:

- 300 mcg/0.5 mL single-dose prefilled syringe
- 300 mcg/0.5 mL carton containing 10 prefilled syringes
- 480 mcg/0.8 mL single-dose prefilled syringe
- 480 mcg/0.8 mL carton containing 10 prefilled syringes



Please see Important Safety Information on pages 2-4.  
For complete information scan QR code or go to <http://filkri-hcp.com>

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## **CODING & BILLING**

The following sections provide coding and billing guidance for FILKRI administered in a physician's office or HOPD. As coding and billing requirements for FILKRI may vary, it is important to verify individual payer policy requirements.

FILKRI HCPCS code Q5172 is described as "Injection, filgrastim-laha, biosimilar, (FILKRI™), 300 microgram." 300 mcg = 1 billing unit.

## **NDCs**

For reimbursement purposes, some payers may require the HCP to include NDCs on the claim form. For claims-reporting purposes, some payers may also require HCPs to convert the 10-digit NDC to an 11-digit NDC by adding a "0" (zero) to create a 5-4-2 configuration. See placement of the zero in the example below.

| Strength <sup>1</sup> | Package Description                     | 10-Digit NDC | 11-Digit NDC  |
|-----------------------|-----------------------------------------|--------------|---------------|
| 300 mcg/0.5 mL        | Single-dose prefilled syringe           | 69448-008-63 | 69448-0008-63 |
| 300 mcg/0.5 mL        | Carton containing 10 prefilled syringes | 69448-008-03 | 69448-0008-03 |
| 480 mcg/0.8 mL        | Single-dose prefilled syringe           | 69448-009-63 | 69448-0009-63 |
| 480 mcg/0.8 mL        | Carton containing 10 prefilled syringes | 69448-009-03 | 69448-0009-03 |

## HCPCS Code<sup>3</sup>

In the physician's office and hospital outpatient department sites of care, Medicare, Medicaid, and private commercial payers typically recognize the following code for reporting FILKRI and its administration on claim forms.

| HCPCS Code    | Description                                                    |
|---------------|----------------------------------------------------------------|
| <b>Q5172*</b> | Injection, filgrastim-laha, biosimilar, (FILKRI™), 1 microgram |

\*Effective for dates of service on and after 1<sup>st</sup> Oct 2026, HCPCS code Q5172 may be used to report FILKRI.

## HCPCS Modifiers<sup>4,5</sup>

Modifiers may be included on claims to provide additional information. For the FILKRI single-dose prefilled syringe, the JW modifier is used to report the amount of drug unused after administration. For Medicare and some payers, the unused amount should be reported on a separate line of the claim form.

| HCPCS Modifiers | Package Description                                                                                      |
|-----------------|----------------------------------------------------------------------------------------------------------|
| <b>JW</b>       | Drug amount discarded/not administered to any patient                                                    |
| <b>JZ</b>       | Zero drug amount discarded/not administered to any patient                                               |
| <b>TB</b>       | Drug or biological acquired with 340B Drug Pricing Program discount; reported for informational purposes |



## CPT Code<sup>6</sup>

Current Procedural Terminology (CPT) codes define specific medical procedures performed by HCPs. The following codes may be used to report the administration of FILKRI:

| CPT Code | Descriptor                                                                                                    | Relevant Sites of Service                             |
|----------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 96372    | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular | Physician's office and hospital outpatient department |

## Revenue Codes<sup>7</sup>

Hospital outpatient departments use revenue codes to report specific accommodations and/or ancillary charges.

| Codes | Description                     |
|-------|---------------------------------|
| 0636  | Drugs requiring detailed coding |
| 0510  | Clinic – general classification |

## Place of Service (POS) Codes<sup>8</sup>

| POS | Name                           | Description                                                                                                                                                                                         |
|-----|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11  | Office                         | Location where the HCP routinely provides health examinations, diagnosis, and treatment on an ambulatory basis.                                                                                     |
| 19  | Off-Campus Outpatient Hospital | Off-campus, hospital-provider-based department providing diagnostic, therapeutic and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. |
| 22  | On-Campus Outpatient Hospital  | Portion of a hospital's main campus providing diagnostic, therapeutic and rehabilitation services on an outpatient basis.                                                                           |

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## SAMPLE FILKRI PHYSICIAN OFFICE (CMS-1500) CLAIM FORM<sup>9</sup>



### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

|                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PICA                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> PICA                                                                                                                                                                                                                                                                                           |  |
| 1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/><br>(Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)                                                                                           |  | 1a. INSURED'S I.D. NUMBER (For Program in Item 1)                                                                                                                                                                                                                                                                       |  |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial)                                                                                                                                                                                                                                                                                                                                                 |  | 3. PATIENT'S BIRTH DATE MM DD YY SEX <input type="checkbox"/> M <input type="checkbox"/> F                                                                                                                                                                                                                              |  |
| 5. PATIENT'S ADDRESS (No., Street)<br>CITY STATE ZIP CODE TELEPHONE (Include Area Code) ( )                                                                                                                                                                                                                                                                                                               |  | 4. INSURED'S NAME (Last Name, First Name, Middle Initial)<br>7. INSURED'S ADDRESS (No., Street)<br>CITY STATE ZIP CODE TELEPHONE (Include Area Code) ( )                                                                                                                                                                |  |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)<br>a. OTHER INSURED'S POLICY OR GROUP NUMBER<br>b. RESERVED FOR NUCC USE<br>c. RESERVED FOR NUCC USE<br>d. INSURANCE PLAN NAME OR PROGRAM NAME                                                                                                                                                                                            |  | 10. IS PATIENT'S CONDITION RELATED TO:<br>a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO<br>b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>10d. CLAIM CODE |  |
| 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L |  | 15. OTHER DATE MM DD YY<br>17a. NPI<br>17b. NPI                                                                                                                                                                                                                                                                         |  |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE                                                                                                                                                                                                                                                                                                                                                            |  | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE FROM MM DD YY TO MM DD YY<br>20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES                                                                                                                                                  |  |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)                                                                                                                                                                                                                                                                                                                                                     |  | 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0<br>A. XXX.XXXX B. C. D. E. F. G. H. I. J. K. L.                                                                                                                                                                          |  |
| 24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-10 QUAL I. ID. QUAL J. RENDERER PROVIDER                                                                                                                                                              |  | 22. RESUBMISSION CODE ORIGINAL REF. NO.<br>23. PRIOR AUTHORIZATION NUMBER                                                                                                                                                                                                                                               |  |
| 1 MM DD YY MM DD YY 11 Q5172 300 NPI<br>2 MM DD YY MM DD YY 11 96372 1 NPI<br>3<br>4<br>5<br>6                                                                                                                                                                                                                                                                                                            |  | 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rsvd for NUCC Use<br>33. BILLING PROVIDER INFO & PH # ( )                                                                                                                                                                                                                    |  |
| 7. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO<br>8. INFORMATION                                                                                                                                                                                                                                                                             |  | 27. SIGNATURE OF PHYSICIAN OR SUPPLIER (Typed name and title)                                                                                                                                                                                                                                                           |  |

**Item 21:** Specify appropriate ICD-10-CM diagnosis code(s)

**Item 19:** Include additional information such as product name, FILKRI, total dose, and NDC as required by the payer

**Item 21:** Identify the type of ICD diagnosis code used (eg, enter a "0" for ICD-10-CM)

**Item 24D:** Specify appropriate HCPCS and CPT codes and modifiers; for example:

- Drug: Q5172 for FILKRI
- Administration: 96372 for administration

**Item 24G:** Specify the billing units. For example, 1 billing unit = 1 mcg of filgrastim-laha biosimilar (c) for HCPCS code Q5172. To bill 300 mcg of FILKRI, enter 300 billing units. To bill 1 unit of 96372 for drug administration, enter 1 billing unit

**Item 24E:** Enter reference to the diagnosis for the CPT and HCPCS code from Item 21

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## SAMPLE FILKRI HOPD (CMS-1450 [UB-04]) CLAIM FORM<sup>10</sup>

|                |  |                   |  |                                |  |                |  |
|----------------|--|-------------------|--|--------------------------------|--|----------------|--|
| 1              |  | 2                 |  | 3a PAT. CNTL. #                |  | 4 TYPE OF BILL |  |
| 3b MED. REC. # |  | 5 FED. TAX NO.    |  | 6 STATEMENT COVERS PERIOD FROM |  | 7 THROUGH      |  |
| 8 PATIENT NAME |  | 9 PATIENT ADDRESS |  | 10                             |  | 11             |  |
| 12             |  | 13                |  | 14                             |  | 15             |  |
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## AccordCares patient support services

Accord BioPharma is committed to helping patients gain access to the medicines they need. Key offerings available for eligible patients through the AccordCares® program include:

- Co-pay Assistance
- Prior Authorization
- Patient Assistance
- Billing and Coding Information
- Benefits Investigation
- Alternate Coverage Identification

An AccordCares® associate can be reached Monday through Friday 8 AM to 8 PM ET at:

Phone: 1-866-258-7151

Fax: 1-855-558-6304

Mail: PO Box 4485, Chesterfield, MO 63006





## REFERENCES

1. Accord BioPharma, Inc. (2026, January). FILKRI (filgrastim-laha): Important safety information.
2. FILKRI (filgrastim-laha): Prescribing Information. Accord BioPharma, Inc.  
[https://www.accordbiopharma.com/our-therapies/filkri/filkri\\_pi.pdf](https://www.accordbiopharma.com/our-therapies/filkri/filkri_pi.pdf)
3. Centers for Medicare & Medicaid Services (CMS). Healthcare Common Procedure Coding System (HCPCS). July 2026 Alpha-Numeric HCPCS File (ZIP) - Updated 06/17/2026. Accessed June 30, 2026. <https://www.cms.gov/files/zip/july-2026-alpha-numeric-hcpcs-file.zip>
4. Centers for Medicare & Medicaid Services. Medicare Program. Discarded Drugs and Biologicals– JW Modifier and JZ Modifier Policy. Frequently Asked Questions. Accessed April 27, 2026. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>
5. Centers for Medicare & Medicaid Services. Medicare-FFS Program: Billing 340B modifiers under the Hospital Outpatient Prospective Payment System (OPPS). Frequently Asked Questions. March 3, 2023. Accessed June 30, 2026. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/billing-340b-modifiers-under-hospital-opps.pdf>
6. AAPC. CPT codes range. Accessed June 30, 2026. <https://www.aapc.com/codes/cpt-codes/96372>
7. CMS Blue Button API. Variable: REV\_CNTR. Revenue Center Code. Accessed June 09, 2026. [https://bluebutton.cms.gov/resources/variables/rev\\_cntr/](https://bluebutton.cms.gov/resources/variables/rev_cntr/)
8. Centers for Medicare & Medicaid Services. Place of service code set. Accessed April 27, 2026. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26.pdf>
9. Centers for Medicare & Medicaid Services. CMS-1500 Health Insurance Claim Form. Accessed September 16, 2024. <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms1500.pdf>
10. Centers for Medicare & Medicaid Services. CMS-1450: Medicare Uniform Instructional Provider Bill and Supporting Regulations. June 06, 2023. Accessed April, 2026. <https://www.cms.gov/regulations-and-guidance/legislation/paperworkreductionactof1995/downloads/cms-1450.zip>



# FILKRI™

(filgrastim-laha)

Please scan to see the FILKRI™ full  
Prescribing Information.

