

**ROLVEDON  
(eflapeggrastim-xnst)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** 18 years of age or older

**Diagnoses**

Patient must have **ONE** of the following:

1. Prophylaxis for chemotherapy induced febrile neutropenia
2. Treatment of chemotherapy induced febrile neutropenia

**AND** the following for **ALL** diagnoses:

- a. **NOT** used in combination with another granulocyte colony-stimulating factor (G-CSF)

**Prior - Approval Limits**

**Duration** 6 months

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**Prior – Approval *Renewal* Requirements**

Same as above

**Prior - Approval *Renewal* Limits**

Same as above