



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

EFLAPEGRASTIM-XNST

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
EFLAPEGRASTIM-XNST	ROLVEDON	48301		GPI-10 (8240151880)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of a non-myeloid malignancy and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Therapy is prescribed by or in consultation with a hematologist or oncologist
 - The patient is receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of neutropenia with fever
 - The patient had a trial of or contraindication to the preferred agent: Nyvepria (pegfilgrastim-apgf)

If yes, **approve for 12 months by HICL or GPI-10.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **EFLAPEGRASTIM-XNST (Rolvedon)** requires the following rule(s) be met for approval:

- A. You have a non-myeloid malignancy (cancer not affecting bone marrow)
- B. You are 18 years of age or older
- C. Therapy is prescribed by or in consultation with a hematologist (a type of blood doctor) or oncologist (a type of cancer doctor)
- D. You are receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of neutropenia (a type of blood condition) with fever
- E. You had a trial of or contraindication (harmful for) to the preferred medication: Nyvepria (pegfilgrastim-apgf)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Rolvedon.

REFERENCES

- Rolvedon [Prescribing Information]. Irvine, CA: Spectrum Pharmaceuticals, Inc.; June 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 08/01/23

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P&T Approval: 04/22