

Eflapegrastim-xnst (Rolvedon™)

Place of Service

Office Administration

Outpatient Facility Administration

Infusion Center Administration

Home Infusion Administration

Use HCPC: J3590

**NDC: 76961-101-01: 13.2 mg/0.6 mL solution
in a single-dose prefilled syringe**

1. All requests for eflapegrastim-xnst (Rolvedon™) must receive authorization prior to drug administration for claim payment.
2. Criteria for coverage is pending P&T Committee approval.
3. In the interim, all requests for coverage will be reviewed for medical necessity.

[Rolvedon™ prescribing information](#)