

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Ropeginterferon alfa-2b-njft (Besremi)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary ropeginterferon alfa-2b (Besremi) will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of Polycythemia Vera
- Prescribed by an Oncology/Hematology provider
- Patient has failed an adequate trial of hydroxyurea -AND – ruxolitinib or patient has an allergy or intolerance to these two medications

Criteria for *current Kaiser Permanente members* already taking the medication who have not been reviewed previously: Non-formulary ropeginterferon alfa-2b (Besremi) will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of Polycythemia Vera
- Prescribed by an Oncology/Hematology provider
- Patient has failed an adequate trial of hydroxyurea -AND – ruxolitinib or patient has either an allergy or intolerance to these two medications

Criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary ropeginterferon alfa-2b (Besremi) will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of Polycythemia Vera
- Prescribed by an Oncology/Hematology provider
- Patient has failed an adequate trial of hydroxyurea -AND – ruxolitinib or patient has an allergy or intolerance to these two medications