



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

INTERFERON ALFA-2B

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
INTERFERON ALFA-2B, RECOMB.	INTRON A	04528		GPI-10 (2170006020)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have **ONE** of the following diagnoses?
 - Hairy cell leukemia
 - Condylomata acuminata
 - AIDS-related Kaposi's sarcoma
 - Chronic hepatitis B
 - Non-Hodgkin's lymphoma
 - Malignant melanoma
 - Chronic phase, Philadelphia chromosome (Ph) positive chronic myelogenous leukemia (CML) patients who are minimally treated (within 1 year of diagnosis)
 - Follicular lymphoma
 - Angioblastoma
 - Carcinoid tumor
 - Chronic myeloid leukemia
 - Laryngeal papillomatosis
 - Multiple myeloma
 - Neoplasm of conjunctiva-neoplasm of cornea
 - Ovarian cancer
 - Polycythemia vera
 - Renal cell carcinoma
 - Skin cancer
 - Thrombocytosis
 - Vulvar vestibulitis

If yes, **approve by HICL or GPI-10 for 24 weeks (6 months).**
If no, continue to #2.

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INITIAL CRITERIA (CONTINUED)

2. Does the patient have a diagnosis of chronic hepatitis C, genotype 1, 2, 3, 4, 5, or 6 and meet **ALL** of the following criteria?
- Therapy is prescribed by or in consultation with a gastroenterologist, infectious disease specialist or a physician specializing in the treatment of hepatitis (e.g., hepatologist)
 - The patient has a detectable pretreatment HCV RNA level/viral load of 50 IU/mL or higher
 - The requested medication will be used with ribavirin or the patient has a contraindication to ribavirin
 - The patient had a trial of or contraindication to peginterferon alfa-2a or peginterferon alfa-2b

If yes, **approve by HICL or GPI-10 for 24 weeks (6 months).**

If no, do not approve.

INITIAL 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 **INTERFERON ALFA-2B (Intron A)** requires the following rule(s) be met for approval:

- A. You have **ONE** of the following diagnoses:
1. Chronic hepatitis C (type of liver inflammation)
 2. Hairy cell leukemia (bone marrow cancer that makes too many white blood cells)
 3. Condylomata acuminata (genital warts)
 4. AIDS (acquired immunodeficiency syndrome)-related Kaposi's sarcoma (cancer in those with weak immune system that causes tumors of lymph nodes/skin)
 5. Chronic hepatitis B (type of liver inflammation)
 6. Non-Hodgkin's lymphoma (cancer that starts in your lymphatic system- the disease-fighting network in the body)
 7. Malignant melanoma (serious type of skin cancer)
 8. Chronic phase, Philadelphia chromosome (type of abnormal gene) positive chronic myelogenous leukemia (type of blood cell cancer that starts in bone marrow) who are minimally treated (within 1 year of diagnosis)
 9. Follicular lymphoma (type of lymphatic system cancer)
 10. Angioblastoma (certain blood-vessel tumors of the brain)
 11. Carcinoid (cancer) tumor
 12. Chronic myeloid leukemia (type of cancer that starts in immature white blood cells)
 13. Laryngeal papillomatosis (tumors form along the pathways for breathing/digestion)

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INITIAL CRITERIA (CONTINUED)

14. Multiple myeloma (plasma cell cancer)
 15. Neoplasm of conjunctiva-neoplasm of cornea (eye tumors)
 16. Ovarian cancer
 17. Polycythemia vera (cancer where bone marrow makes too many red blood cells)
 18. Renal cell carcinoma (type of kidney cancer)
 19. Skin cancer, thrombocytosis (your body makes too many platelets)
 20. Thrombocytosis (high level of platelets (cells that helps blood clot and stop bleeding) in your blood)
 21. Vulvar vestibulitis (type of pain around the female sex organ called the vulva)
- B. **If you have chronic hepatitis C genotype 1, 2, 3, 4, 5, or 6, approval also requires:**
1. Therapy is prescribed by or in consultation with a gastroenterologist (doctor who treats digestive conditions), infectious disease specialist (a doctor who specializes in the treatment of infections), or a physician specializing in the treatment of hepatitis (such as a hepatologist: a type of liver doctor)
 2. You have a detectable pretreatment HCV (hepatitis C virus) RNA level/viral load (amount of virus in your blood) of 50 IU/mL or higher
 3. The requested medication will be used with ribavirin or you have a contraindication (harmful for)
 4. You had a trial of or contraindication (harmful for) to peginterferon alfa-2a or peginterferon alfa-2b

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.

RENEWAL CRITERIA

1. Does the patient have a diagnosis of chronic hepatitis C **AND** meet the following criterion?
Therapy is prescribed by or in consultation with a gastroenterologist, infectious disease specialist or a physician specializing in the treatment of hepatitis (e.g., hepatologist)

If yes, continue to #2.
If no, **approve by HICL or GPI-10 for 24 weeks (6 months).**
2. Has the patient already received 24 weeks or more of interferon during this treatment?

If yes, continue to #3.
If no, **approve by HICL or GPI-10 for 24 weeks (6 months).**

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RENEWAL CRITERIA (CONTINUED)

3. Is the patient's HCV RNA undetectable (less than 50 IU/mL) at 24 weeks?

If yes, **approve by HICL or GPI-10 for 24 weeks (6 months).**

If no, do not approve.

RENEWAL 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 **INTERFERON ALFA-2B (Intron A)** requires the following rule(s) be met for renewal:

- A. The request is for continuation of current therapy or renewal with Intron A therapy
- B. **If you have chronic hepatitis C (type of liver inflammation), renewal also requires:**
 - 1. Therapy is prescribed by or in consultation with a gastroenterologist (a doctor who treats digestive conditions), infectious disease specialist (a doctor who specializes in the treatment of infections), or a physician specializing in the treatment of hepatitis (such as a hepatologist: a type of liver doctor)
 - 2. If you already received 24 weeks or more of interferon treatment, your HCV (hepatitis C virus) RNA level (amount of virus in your blood) is undetectable (less than 50 IU/mL) at 24 weeks

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.

RATIONALE

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

REFERENCES

- Intron A [Prescribing Information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; November 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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