



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ROPEGINTERFERON ALFA-2B-NJFT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ROPEGINTERFERON ALFA-2B-NJFT	BESREMI	47669		GPI-10 (2170007750)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of polycythemia vera **AND** meet the following criterion?
 - The patient is 18 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2mL per 28 days.**
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 **ROPEGINTERFERON ALFA-2B-NJFT (Besremi)** requires the following rule(s) be met for approval:

- A. You have polycythemia vera (a type of blood cancer)
- B. You are 18 years of age or older

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 Besremi.

REFERENCES

- Besremi [Prescribing Information]. Burlington, MA: PharmaEssentia, Corp., November 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/22

Created: 01/22

Client Approval: 02/22

P&T Approval: 01/22