

# Ropeginterferon alfa-2b



**Included Products:** Besremi (ropeginterferon alfa-2b-njft)

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## Polycythemia Vera

Initial Criteria		If yes	If no
1.	Is the treatment being prescribed or supervised by a hematologist or oncologist?	Continue to #2.	Do not approve.
2.	Does the member have high-risk polycythemia vera?	Continue to #3.	Do not approve.
3.	Does the member have resistance or intolerance to hydroxyurea?	Continue to #4.	Do not approve.
4.	Approve for 12 months at every 2 week dosing.		
Renewal Criteria		If yes	If no
1.	Has there been evidence of response, such as complete hematological response or spleen size reduction?	Continue to #2.	Do not approve.
2.	Has there been hematological stability for at least one year?	Continue to #3.	Continue to #4.
3.	Is the dosing interval every 4 weeks?	Continue to #4.	Do not approve.
4.	Approve for 12 months.		