



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 30, 2022

BESREMI (ropeginterferon alfa-2b-njft)

LENGTH OF AUTHORIZATION: 6 months

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Prescribed by or in consultation with a specialist.
- Patient must have a diagnosis of polycythemia vera.
- Provider documents and attests to baseline evaluation of the following:
 - Peripheral blood counts
 - Ophthalmologic exam
 - Serum triglycerides
 - Liver function tests
 - Serum creatinine
- Patient has had documented trial and failure to hydroxyurea unless contraindicated.

CONTINUATION OF THERAPY:

- Patient must continue to meet the above criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not have experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>.
- Available as 500 mcg/mL solution in single-dose prefilled syringe.