



PHARMACY POLICY STATEMENT North Carolina Marketplace

DRUG NAME

Pegasys (peginterferon alfa-2a)



For **reauthorization**:

1. Chart notes must show improvement or stabilized signs and symptoms of disease, as demonstrated by an undetectable viral load.

If all the above requirements are met, the medication will be approved for an additional 12 months

Hepatitis C

For **initial** authorization:

1. Member is 5 years of age or older; AND
2. Medication must be prescribed by, or in consultation with, a board certified hepatologist, gastroenterologist, infectious disease specialist; AND
3. Member has a diagnosis of Chronic Hepatitis C (CHC) with compensated liver disease; AND
4. Member will use in combination with other hepatitis C virus drugs; Note: Monotherapy is permitted for adults only if the patient has a contraindication to other hepatitis C drugs; AND
5. Member does **not** have any of the following;
 - a) Acute autoimmune hepatitis;
 - b) HIV;
 - c) Liver transplant; tiPBMC 39.15 Tc 0 Tw 2.39 0 Td()TJMC /LBody 44 LBody 3



Hepatitis C: Added adult indication to hepatitis C per package insert. Added Pegasys is supposed to be used in combination with other Hepatitis C drugs. Clarified reauthorization criteria. Added exclusion criteria.
Removed off-label Myeloproliferative Neoplasms indication

References:

1. Pegasys [package insert]. South San Francisco, CA: Genentech USA, Inc.; March 2021.
2. Update on Prevention, Diagnosis, and Treatment of Chronic Hepatitis B: AASLD 2018 Hepatitis B Guidance. PRACTICE GUIDANCE | HEP5 ()0.5 (H)1.5 (EP5 ()0.5.58 ref*143.22 670.9 1.5 1.5 ref*144.72 670.9 430.u (AC)-4.54(5w (.