

## peginterferon alfa-2a (PEGASYS)

### Diagnoses Considered for Coverage:

- Chronic Hepatitis B (HBV)
- Chronic Hepatitis C (HCV)
- Chronic Myeloid Leukemia (CML) during pregnancy
- Hairy cell leukemia
- Mycosis fungoides/sezary syndrome
- Primary cutaneous anaplastic large cell lymphoma (ALCL)
- Adult t-cell leukemia/lymphoma
- Systemic Mastocytosis
- Erdheim-Chester disease histiocytic neoplasm
- Myeloproliferative neoplasms (myelofibrosis, polycythemia vera, essential thrombocythemia)

### Coverage Criteria:

1. **For chronic Hepatitis B infection:**
  - Dose does not exceed 180 mcg given SQ once per week.
2. **For chronic Hepatitis C infection:**
  - Prescribed by a hepatitis specialist (hepatologist, a gastroenterologist, or an infectious disease specialist), and
  - Current detectable HCV RNA quantitative viral load, and
  - Being used as a component of an FDA-approved HCV antiviral drug regimen or as monotherapy in patients contraindicated to ribavirin, and
  - Dose does not exceed 180 mcg given SQ once per week.
3. **For Chronic Myeloid Leukemia (CML):**
  - Patient is pregnant, and
  - Dose does not exceed 180 mcg given SQ once per week.
4. **For hairy cell leukemia:**
  - Disease is relapsed or refractory, and
  - Being used as a single agent, and
  - Dose does not exceed 180 mcg given SQ once per week.
5. **For mycosis fungoides/Sezary syndrome:**
  - Diagnosis only, and
  - Dose does not exceed 180 mcg given SQ once per week.
6. **For myelofibrosis:**
  - Dose does not exceed 180 mcg given SQ once per week.
7. **For polycythemia vera or essential thrombocythemia:**
  - Inadequate response, intolerable side effect, or contraindication to hydroxyurea (Droxia, Siklos), **and**
  - Dose does not exceed 180 mcg given SQ once per week.

**8. For primary cutaneous anaplastic large cell lymphoma (ALCL):**

- Being used as a single agent, and
- Dose does not exceed 180 mcg given SQ once per week.

**9. For adult T-cell leukemia/lymphoma:**

- Diagnosis only, and
- Dose does not exceed 180 mcg given SQ once per week.

**10. For systemic mastocytosis:**

- Diagnosis only, and
- Dose does not exceed 180 mcg given SQ once per week.

**11. For Erdheim-Chester disease histiocytic neoplasm:**

- Being used as a single agent, and
- Dose does not exceed 180 mcg given SQ once per week.

**Coverage Duration:**

CML in pregnancy: duration of pregnancy

Hepatitis B: 48 weeks

Hepatitis C: Up to 48 weeks depending on regimen. Use in combination with ribavirin and a direct acting antiviral should align with the FDA approved treatment duration of the specific regimen.

All other indications: one year

Effective Date: 11/29/2023