

**Besremi (ropeginterferon alfa-2b-njft)**  
**Effective 07/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Besremi is indicated for the treatment of adults with polycythemia vera.

### Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment and is stable with Besremi, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

### OR

Authorization may be granted when ALL of the following criteria is met:

1. The member is at least 18 years of age
2. Member has a diagnosis polycythemia vera
3. Member has had intolerance, adverse event, or contraindication to hydroxyurea

### Continuation of Therapy

Reauthorization of may be granted for all members experiencing benefit to therapy as evidence by improvement in signs and symptoms of the condition and/or disease markers (e.g., morphological response, reduction or stabilization in spleen size, improvement of thrombocytosis/leukocytosis, etc.)

### Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

### References

1. Besremi [package insert]. Burlington, MA: PharmaEssentia USA Corporation; November 2021.

**Review History**

05/16/2022 – Created and reviewed for May P&T. Effective 07/01/2022.

