

#### Besremi (ropeginterferon alfa-2b-njft) **Effective 07/01/2022** ☐ MassHealth UPPL Plan Prior Authorization □ Commercial/Exchange **Program Type** ☐ Quantity Limit □ Pharmacy Benefit **Benefit** ☐ Step Therapy ☐ Medical Benefit Specialty This medication has been designated specialty and must be filled at a contracted Limitations specialty pharmacy. **Medical and Specialty Medications** Phone: 877-519-1908 All Plans Fax: 855-540-3693 Contact Information **Non-Specialty Medications** All Plans Phone: 800-711-4555 Fax: 844-403-1029 **Exceptions** 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.