

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

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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.