

Ropeginterferon alfa-2b-njft (Besremi®)**Place of Service****Self Administration** *May be covered under the pharmacy benefit*

HCPCS: J3590

NDC:

73536-500-01: 500 mcg/mL syringe

Condition(s) listed in policy (see criteria for details)

- [Polycythemia vera \(PV\)](#)

AHFS therapeutic class: Antineoplastic Agents**Mechanism of action:** type I interferon**(1) Special Instructions and pertinent Information**

This drug is managed under the outpatient Pharmacy Benefit for self-administration. Please contact the member's Pharmacy Benefit for information on how to obtain this drug.

To submit a request to the Medical Benefit, please submit clinical information for prior authorization review and include medical rationale why the patient cannot self-administer this drug in the home.

For plans with self-injectables only covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for BESREMI® (ropeginterferon alfa-2b-njft) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Polycythemia vera (PV)

1. Inadequate response, intolerable side effect, or contraindication to hydroxyurea

Covered Doses

Up to 500 mcg every two weeks

Coverage Period

Indefinitely

ICD-10:

D45

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Besremi® (ropeginterferon alfa-2b-njft) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT COVERED for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied

Carton contains:

- 500 mcg/mL single-dose prefilled syringe
- 30 gauge, ½ inch safety hypodermic needle

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- BESREMi (ropeginterferon alfa-2b-njft) [Prescribing information]. Burlington, MA: PharmaEssentia USA Corporation; 11/2021.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National Comprehensive Cancer Network. Myeloproliferative Neoplasms (Version 2.2021). Available from: <https://www.nccn.org/>

(7) Policy Update

Date of initial review: 1Q2022

Date of next review: 1Q2023

Changes from previous policy version:

- New policy

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*