



## Commercial/Healthcare Exchange PA Criteria Effective: February 10, 2022

**Prior Authorization:** Besremi

**Products Affected:** Besremi (ropeginterferon alfa-2b-njft subcutaneous injection)

**Medication Description:** Besremi, an interferon alfa-2b, is indicated for the treatment of adults with polycythemia vera. The agent received an Orphan Drug Designation from the FDA for this indication. Ropeginterferon alfa-2b-njft is a monopegylated covalent conjugate of proline interferon alfa-2b, which is produced in *Escherichia coli* cells by recombinant DNA technology. Interferon alfa binds to the interferon alfa receptor, initiating a downstream signaling cascade including the activation of various kinases, including Janus kinase 1 (JAK1), tyrosine kinase 2, and signal transducer and activator of transcription (STAT) proteins. STAT proteins translocate to the nucleus and control gene expression. The therapeutic effects of interferon alfa in polycythemia vera are not fully understood.

**Covered Uses:** Treatment of adults with polycythemia vera

**Exclusion Criteria:**

1. Concomitant Use with Other Interferon Products

**Required Medical Information:**

1. Diagnosis

**Prescriber Restriction:** Prescribed by or in consultation with an oncologist.

**Age Restriction:** 18 years of age and older

**Coverage Duration:** 12 months

**Other Criteria:**

**Initial Approval Criteria**

1. Patient has a diagnosis of Polycythemia Vera

**References:**

1. Besremi® subcutaneous injection [prescribing information]. Burlington, MA: PharmaEssentia; November 2021.



***Policy Revision history***

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	2/10/2022