CVS Caremark®

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| Reference number(s) |
| 5060-A |

# Specialty Guideline Management Besremi

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Besremi | ropeginterferon alfa-2b-njft |

## Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### FDA-Approved Indications

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

All other indications are considered experimental/investigational and not medically necessary.

## Coverage Criteria

### Polycythemia Vera1

Authorization of 12 months may be granted for treatment of polycythemia vera.

## Continuation of Therapy

Authorization of 12 months may be granted if the member is experiencing benefit from therapy as evidenced by improvement in symptoms and/or disease markers (e.g., morphological response, reduction or stabilization in spleen size, improvement of thrombocytosis/leukocytosis, etc.)

## References

1. Besremi [package insert]. Burlington, MA: PharmaEssentia USA Corporation; April 2024.