Clinical Policy Title:	ropeginterferon alfa-2b-njft
Policy Number:	RxA.719
Drug(s) Applied:	Besremi®
Original Policy Date:	01/17/2022
Last Review Date:	01/17/2022
Line of Business Policy Applies to:	All lines of business

Background

Ropeginterferon alfa-2b-njft (Besremi®) is an interferon alfa-2b indicated for the treatment of adults with polycythemia vera (PV).

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
ropeginterferon alfa-2b-njft (Besremi®)	Polycythemia vera	100 mcg by subcutaneous injection every 2 weeks (50 mcg if receiving hydroxyurea(HU). Increase the dose by 50 mcg every 2 weeks until hematological parameters are stabilized.	500 mcg subcutaneously every 2 weeks

Dosage Forms

- Injection: 500 mcg/mL solution in a single-dose prefilled syringe.

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Polycythemia Vera (must meet all)**:**

1. Diagnosis of high risk PV;
2. Age ≥ 18 years;
3. Failure of hydroxyurea at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced defined by one of the following(a-e):
   a. Need for phlebotomy to keep hematocrit less than 45% after 3 months on 2 g/day of HU;
   b. Platelet count >400 × 10^9/L and white blood count >10 × 10^9/L after 3 months on 2 g/day of HU;
   c. Reduction of splenomegaly <50% after 2 g/day of HU;

d. Absolute neutrophil count <1.0 × 10^9/L or platelet count <100 × 10^9/L or hemoglobin <10 g/dL;
e. Presence of hydroxyurea side effects at any dose of hydroxyurea;

4. Dose does not exceed 500 mcg subcutaneously every 2 weeks.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Polycythemia Vera (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. Dose does not exceed 500 mcg subcutaneously every 2 weeks.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
HU: hydroxyurea
PV: polycythemia vera

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
hydroxyurea (Droxia, Hydrea)	15 to 20 mg/kg/day	80 mg/kg orally
Jakafi®	10 mg twice daily	25 mg twice daily orally
Long-Acting peginterferon alfa-2a (PEG-IFNa2a)	45 mcg/week subcutaneously	180 mcg/week
Busulfan	2 to 4 mg once daily	4 mg/daily

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Existence of, or history of severe psychiatric disorders, particularly severe depression, suicidal ideation or suicide attempt.
  - Hypersensitivity to interferon or to any component of Besremi®.
  - Hepatic impairment (Child-Pugh B or C).
  - History or presence of active serious or untreated autoimmune disease.
  - Immunosuppressed transplant recipients.

- Boxed Warning(s):
  - Risk of Serious Disorders: Interferon alfa products may cause or aggravate fatal or life-threatening neuropsychiatric, autoimmune, ischemic, and infectious disorders. Monitor closely and withdraw

therapy with persistently severe or worsening signs or symptoms of the above disorders.

APPENDIX D: General Information

- Pregnancy: Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception.
- Lactation: Advise women not to breastfeed during treatment and for 8 weeks after the final dose.
- Avoid use in patients with eGFR.

References

1. Besremi® (ropeginterferon alfa-2b) prescribing information. Burlington, MA: PharmaEssentia USA Corporation; November 2021. Available at: https://us.pharmaessentia.com/wp-content/uploads/2021/11/Besremi®-USPI-November-2021-1.pdf. Accessed November 30, 2021.
2. Drugs. Lexi-Drugs. Lexicomp. Wolters Kluwer. Hudson, Oh. Available at https://online.lexi.com. Accessed November 30, 2021.
3. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. Available at: http://www.clinicalpharmacology-ip.com. Accessed 30, 2021.
4. IPD Analytics. 2021. IPD Analytics - Pharma Market Insights - P&T Management: Besremi®. [online] Available at: https://secure.ipdanalytics.com/User/Handler/ViewReport.ashx?type=RP&file=s3%3a%2f%. Accessed November 30, 2021.
5. New guidelines from the nccn for polycythemia vera – hematology & oncology. Available at: https://www.hematologyandoncology.net/files/2017/11/ho1117ClinUpdate-1.pdf. Accessed on November 30, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	12/01/2021	01/17/2022