Evolent Clinical Guideline 3225 for Besremi™ (ropeginterferon alfa-2b-njft)

Guideline Number:	Applicable Codes	
Evolent_CG_3225		
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Original Date:	**Last Revised Date:**	**Implementation Date:**
December 2021	November 2025	November 2025

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STATEMENT

Purpose

To define and describe the accepted indications for Besremi (ropeginterferon alfa-2b-njft) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Polycythemia Vera

- Besremi (ropeginterferon alfa-2b-njft) may be used as monotherapy in adult members with confirmed diagnosis of polycythemia vera who have any ONE of the following:
  - Contraindication to hydroxyurea (e.g., childbearing age)
  - Intolerance to hydroxyurea
  - A lack of therapeutic response to hydroxyurea.

CONTRAINDICATIONS/WARNINGS

- Contraindications
  - Existence of, or history of severe psychiatric disorders, particularly severe depression, suicidal ideation or suicide attempt
  - Hypersensitivity to interferons, including interferon alfa-2b, or any component of the formulation
  - Hepatic impairment (Child-Pugh B or C)
  - History or presence of active serious or untreated autoimmune disease

- History of transplantation and receiving immunosuppressant agents

- US Boxed Warning
  - Risk of serious disorders
    - Interferon alfa products may cause or aggravate fatal or life-threatening neuropsychiatric, autoimmune, ischemic, and infectious disorders. Patients should be monitored closely with periodic clinical and laboratory evaluations. Therapy should be withdrawn in patients with persistently severe or worsening signs or symptoms of these conditions. In many, but not all cases, these disorders resolve after stopping therapy.

EXCLUSION CRITERIA

- Disease progression while taking Besremi (ropeginterferon alfa-2b-njft).
- Concurrent use with other cytoreductive agents (e.g., hydroxyurea), except when transitioning to Besremi (ropeginterferon alfa-2b-njft).
- Dosing exceeds single dose limit of Besremi (ropeginterferon alfa-2b-njft) 500 mcg.
- Investigational use of Besremi (ropeginterferon alfa-2b-njft) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
  - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
  - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
  - Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
  - Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
  - That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
  - That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
  - That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J9999 - ropeginterferon alfa-2b-njft

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

POLICY HISTORY

Date	Summary
November 2025	• Converted to new Evolent guideline template • This guideline replaces UM ONC_1454 Besremi (ropeginterferon alfa-2b-nijft) • Updated references
November 2024	• Updated NCH verbiage to Evolent

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines

contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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