

Medical Coverage Guideline: 09-J4000-19, Ropeginterferon alfa-2b-njft (Besremi)

The prior Medical Coverage Guideline (MCG) for this therapy has been consolidated to a single MCG:

[09-J3000-65, Oncology Self-administered Medications](#)

A complete list of previous MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number
Abiraterone Acetate (Yonsa, Zytiga) Tablets	09-J1000-36
Bosutinib (Bosulif) Capsules and Tablets	09-J1000-84
Ibrutinib (Imbruvica)	09-J2000-09
Imatinib (Imkeldi) Oral Solution	09-J5000-15
Ixazomib (Ninlaro) Capsule	09-J2000-51
Momelotinib (Ojjaara) Tablets	09-J4000-69
Nilotinib Capsules (Nilceya and Tassigna) and Tablets (Danziten)	09-J1000-48
Pacritinib (Vonjo) Capsule	09-J4000-24
Ropeginterferon alfa-2b-njft (Besremi)	09-J4000-19