Besremi

Oman · access guide

How to access Besremi for polycythemia vera from Oman: 2026 pathway via Oman haematology and pharmacy supply

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Oman has a focused adult haematology service footprint. Royal Hospital Muscat (SMC) is the public-sector backbone with adult haematology covering myeloproliferative neoplasms (MPN) including polycythemia vera (PV). Sultan Qaboos University Hospital (SQUH) (KHUH), Oman Defence Force (BDF) Hospital, Muscat Private Hospital, and the Aster network and DGPADC-licensed private clinics across Manama and Riffa round out the haematology network. Besremi (ropeginterferon alfa-2b-njft) was approved by the FDA in November 2021 as the first interferon explicitly approved for PV, regardless of treatment history. The EMA approved Besremi in February 2019 under a slightly older label. For a Oman-resident adult with confirmed JAK2 V617F-positive polycythemia vera, the operational question is which cytoreductive choice fits the case (Besremi versus hydroxyurea versus ruxolitinib), whether the prescription can be dispensed in-country or requires cross-border supply, and how insurance and out-of-pocket exposure work for the multi-year treatment course.

This page explains the 2026 pathway for a Oman-resident patient: who qualifies, where the prescribing haematologist conversation happens, how Besremi is dispensed and stored (locally or via cross-border supply where applicable), what the dosing schedule looks like, what the realistic out-of-pocket exposure band is in OMR, what to monitor, and how the long-term treatment course fits into a Omani patient's life.

Why Besremi, and why now

Besremi is ropeginterferon alfa-2b-njft, a monopegylated proline-substituted recombinant interferon alfa-2b. It binds type I interferon receptors, triggers JAK/STAT-coupled signalling, and suppresses the abnormal JAK2 V617F-mutated clone in PV. The differentiating clinical claim is the potential for molecular response (declining JAK2 V617F allele burden) with sustained therapy; hydroxyurea and ruxolitinib control blood counts but do not produce molecular response.

FDA approved November 2021; EMA approved February 2019. Pivotal evidence from PROUD-PV and CONTINUATION-PV: at 36 months, Besremi was superior to hydroxyurea for complete haematologic response with normal spleen size (53% versus 38%); the molecular response advantage continues to deepen at 5-plus years.

For a Omani patient newly diagnosed with PV, or one switching from hydroxyurea, Besremi is the operational pathway to a long-acting interferon with a clean MPN-specific indication. Reserve Meds does not promote one PV cytoreductive over another.

What Besremi is, in plain language

Subcutaneous injection. After initial training, patient self-injects at home using a prefilled syringe.

Starting dose: 100 mcg subcutaneous every 2 weeks. Titrate up by 50 mcg every 2 weeks to a maximum of 500 mcg

Reserve Meds's role

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