Commercial/Healthcare Exchange PA Criteria

Effective: November 13, 2019

Prior Authorization: Inrebic

Products Affected: Inrebic (fedratinib) oral capsules

Medication Description: Inrebic is an oral kinase inhibitor with activity against both wild-type and mutated Janus-associated kinase 2 (JAK2) and FMS-like tyrosine kinase 3 (FLT3). Abnormal JAK2 activation is associated with myelofibrosis and polycythemia vera.

Covered Uses: Treatment of adult patients with intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis

Exclusion Criteria: N/A

Required Medical Information: Diagnosis

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with a hematologist/oncologist.

Coverage Duration: 3 years

Other Criteria:

A. Patient has a diagnosis of intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis; **AND**
B. Patient is not currently using Jakafi (ruxolitinib), or will discontinue prior to initiation of Inrebic

References:

1. Product Information: Inrebic(R) oral capsules, fedratinib oral capsules. Celgene Corporation (per FDA), Summit, NJ, 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/13/2019