

Inrebic (fedratinib)
Effective 10/01/2021

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|------------------------------|--|---------------------|--|
| Plan | <input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange | Program Type | <input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy |
| Benefit | <input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX) | | |
| Specialty Limitations | This medication has been designated specialty and must be filled at a contracted specialty pharmacy. | | |
| Contact Information | Specialty Medications | | |
| | All Plans | Phone: 866-814-5506 | Fax: 866-249-6155 |
| | Non-Specialty Medications | | |
| | MassHealth | Phone: 877-433-7643 | Fax: 866-255-7569 |
| | Commercial | Phone: 800-294-5979 | Fax: 888-836-0730 |
| | Exchange | Phone: 855-582-2022 | Fax: 855-245-2134 |
| | Medical Specialty Medications (NLX) | | |
| | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |
| Exceptions | | | |

Overview

Fedratinib is a kinase inhibitor with activity against both wild-type and mutated Janus-associated kinase 2 (JAK2) and FMS-like tyrosine kinase 3 (FLT3). Fedratinib is selective for JAK2, with higher inhibitory activity for JAK2 (versus JAK1, JAK3, and TYK2). Abnormal JAK2 activation is associated with myeloproliferative neoplasms, including myelofibrosis and polycythemia vera. Fedratinib reduces phosphorylation of signal transducer and activator of transcription (STAT3/5) proteins, inhibits cell proliferation, and induces apoptosis in mutated JAK2 and FLT3 cell lines, improving WBC counts, hematocrit, splenomegaly, and fibrosis.

Coverage Guidelines

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Inrebic, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member has medical records and genetic testing supporting diagnosis of intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis
2. The member is ≥ 18 years of age
3. The member has a baseline platelet count of greater than or equal to $50 \times 10^9/L$ ($\geq 50,000/mm^3$).

Continuation of Therapy

Reauthorization may be granted for members who have met the initial criteria and the physician has submitted clinical documentation of 35% or greater reduction in spleen volume from baseline.



Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorization may be granted for 12 months

Dosing

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| Inrebic 100mg | 120 capsules per 30 days |
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References

1. Inrebic (fedratinib) [prescribing information]. Summit, NJ: Celgene Corporation; August 2019.

Review History

05/20/2020 – Reviewed and approved May P&T. Effective 07/01/20

01/01/2021 – Separated MH from ComExch

07/21/2021 - Reviewed July P&T; updated started and stabilized statement to say “members new to AllWays Health Partners”. Effective 10/01/2021.

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.