

**Inrebic (fedratinib)**  
Effective 01/01/2021

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MassHealth (PUF) <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>			

**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 reviewed on a case by case basis 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 a diagnosis of intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis
2. The member is  $\geq$  18 years of age

**Continuation of Therapy**

Reauthorization may be granted for members who have met the initial criteria and the physician has attested to improvement in the condition.



**Limitations**

- 1. Initial approvals and reauthorizations will be granted for 12 months
- 1. The following quantity limits apply:

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

September 30, 2020 – Updated criteria to be in compliance with Masshealth partial unified formulary requirements; removed medical records and testing requirements, added inadequate response, adverse reaction, contraindication to Jakafi, removed baseline platelet count, removed documentation of 35% reduction in spleen volume from recertification criteria and changed initial approval term to 12 months. Split criteria from COMM line of business.

**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.