STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

FEDRATINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
FEDRATINIB DIHYDROCHLORIDE	INREBIC	45953		GPI-10 (2153752020)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient had a trial of or contraindication to Jakafi (ruxolitinib)

   If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #4 per day.**
   If no, do not approve.
   INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **FEDRATINIB (Inrebic)** requires the following rule(s) be met for approval:
   - You have intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (type of bone marrow cancer)
   - You are 18 years of age or older
   - You previously had a trial of or contraindication (medical reason why you cannot use) to Jakafi (ruxolitinib)

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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FEDRATINIB

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Does the patient have a diagnosis of intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF)?

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the renewal denial text at the end of the guideline.

2. Has the patient shown symptom improvement by meeting **ONE** of the following criteria?
   - The patient has a spleen volume reduction of 35% or greater from baseline
   - The patient has a 50% or greater reduction in total symptom score (e.g., Myeloproliferative Neoplasm Symptom Assessment Form [MPN-SAF TSS], modified Myelofibrosis Symptom Assessment Form [MFSAF] v2.0)
   - The patient has a 50% or greater reduction in palpable spleen length

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**
   If no, do not approve.
   RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **FEDRATINIB (Inrebic)** requires the following rule(s) be met for renewal:
   A. You have intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (type of bone marrow cancer)
   B. You have shown symptom improvement by meeting ONE of the following:
      1. You have a spleen volume reduction of 35% or greater from baseline
      2. You have a 50% or greater reduction in total symptom score (such as Myeloproliferative Neoplasm Symptom Assessment Form [MPN-SAF TSS], modified Myelofibrosis Symptom Assessment Form [MFSAF] v2.0)
      3. You have a 50% or greater reduction in palpable (can be felt by external examination) spleen length

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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FEDRATINIB

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Inrebic.

REFERENCES

3. Inrebic [Prescribing Information]. Summit, NJ: Celgene Corporation; September 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 01/01/22
Created: 11/19
Client Approval: 11/21
P&T Approval: 10/21