

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Fedratinib (Inrebic)

Initiation (new start) criteria: Non-formulary **fedratinib (Inrebic)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is at least 18 years of age
- Prescribed by Oncology/Hematology
- Diagnosis of intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF)
- Patient has a history of treatment failure with OR known or predicted intolerance to ruxolitinib AND hydroxyurea

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Revised: 12/10/20
Effective: 02/18/21

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest