

Fedratinib



Included Products: Inrebic (fedratinib)

Created: 09/12/2019

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All Diagnoses

Initial Criteria		If yes	If no
1.	Has the treatment been initiated by or is an appropriate specialist in the field of hematology or oncology supervising it?	Continue to #2.	Do not approve.
2.	Does the member have intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis as defined by NCCN standards?	Continue to #3.	Do not approve.
3.	Is the member ineligible for allogenic hematopoietic cell transplantation (HCT)?	Continue to #4.	Do not approve.
4.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Is there chart note documentation of response, such as a reduction of symptoms or spleen volume?	Continue to #2	Do not approve.
2.	Approve for 12 months.		