

Specialty Guideline Management

Inrebic

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Inrebic	fedratinib

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications¹

Inrebic is indicated for the treatment of adult patients with intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF).

Compendial Uses²

- Treatment for myeloid/lymphoid neoplasms with eosinophilia and JAK2 rearrangement in chronic phase
- Treatment for myeloid, lymphoid, or mixed lineage neoplasms with eosinophilia and JAK2 rearrangement in blast phase
- Treatment for myeloproliferative neoplasms in accelerated phase or blast phase
- Treatment for splenomegaly and other disease-related symptoms of MF-associated anemia

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review: Testing or analysis confirming JAK2 rearrangement (if applicable).

Coverage Criteria

Myelofibrosis/Myeloproliferative Neoplasms^{1,2}

Authorization of 12 months may be granted for the treatment of intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF), splenomegaly and other disease-related symptoms of MF-associated anemia (e.g., fatigue, weakness, shortness of breath, pale skin), accelerated phase or blast phase myeloproliferative neoplasms.

Myeloid/Lymphoid Neoplasms²

Authorization of 12 months may be granted for the treatment of myeloid and/or lymphoid neoplasms with eosinophilia and JAK2 rearrangement in the chronic phase or blast phase.

Continuation of Therapy

Myelofibrosis/Myeloproliferative Neoplasms

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization when there is no evidence of unacceptable toxicity and there has been an improvement in symptoms.

Myeloid/Lymphoid Neoplasms

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Inrebic [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; July 2024.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed January 7, 2025.