

**INREBIC
(fedratinib)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Primary myelofibrosis
2. Secondary myelofibrosis
3. Post-polycythemia vera myelofibrosis
4. Post-essential thrombocythemia myelofibrosis

AND ALL of the following:

- a. Patient is considered intermediate-2 risk or high-risk
- b. Platelet count $\geq 50 \times 10^9/L$
- c. Prescriber agrees to monitor thiamine (Vitamin B1) levels and monitor for encephalopathy

Prior - Approval Limits

Quantity 360 capsules per 90 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Primary myelofibrosis
2. Secondary myelofibrosis
3. Post-polycythemia vera myelofibrosis
4. Post-essential thrombocythemia myelofibrosis

AND ALL of the following:

- a. Patient has had symptomatic improvement
- b. Platelet count $\geq 50 \times 10^9/L$



**BlueCross
BlueShield**

Federal Employee Program.

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- c. Prescriber agrees to monitor thiamine (Vitamin B1) levels and monitor for encephalopathy

Prior - Approval *Renewal* Limits

Quantity Same as above