

Generic Name: Ruxolitinib

Therapeutic Class or Brand Name: Jakafi®

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 10/14/2022

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through II are met)

- I. Documented diagnosis of one of the following conditions A to D AND must meet criteria listed under applicable diagnosis:
 - A. Myelofibrosis, including but not limited to primary myelofibrosis, post-polycythemia vera myelofibrosis, and post-essential thrombocythemia myelofibrosis AND criterion 1 is met:
 1. Minimum age requirement: 18 years old.
 - B. Polycythemia vera AND criteria 1 AND 2 are met:
 1. Documented inadequate response or intolerance to hydroxyurea.
 2. Minimum age requirement: 18 years old.
 - C. Steroid-refractory acute graft-versus-host disease AND criterion 1 is met:
 1. Minimum age requirement: 12 years old.
 - D. Chronic graft-versus-host disease AND criteria 1 AND 2 are met:
 1. Documented failure of at least one line of systemic therapy.
 2. Minimum age requirement 12 years old.
- II. Treatment is prescribed by or in consultation with an oncologist or a hematologist.

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Quantities of up to 60 tablets per 30 days.

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

N/A

REFERENCES

1. NCCN Clinical Practice Guidelines in Oncology™. Myelodysplastic Syndromes v.1.2023. Updated September 12, 2022; Available at: https://www.nccn.org/professionals/physician_gls/pdf/mds.pdf
2. Jakafi®. Prescribing Information. Incyte; September 2021. Accessed October 14, 2022. <https://www.jakafi.com/pdf/prescribing-information.pdf>.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.