Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	X

Jakafi (ruxolitinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Jakafi (ruxolitinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Jakafi (ruxolitinib) may be approved if the following are met:

I. Individual has a diagnosis of low, intermediate, or high-risk myelofibrosis including any of the following (Label, NCCN 2A):
   A. Primary myelofibrosis; **OR**
   B. Post-polycythemia vera myelofibrosis; **OR**
   C. Post-essential thrombocythemia myelofibrosis;

OR

II. Individual has a diagnosis of polycythemia vera with an inadequate response to or intolerance to hydroxyurea or interferon therapy (Label, NCCN 2A);

OR

III. Individual is 12 years and older; **AND**

IV. Individual has a diagnosis of steroid-refractory acute graft versus host disease (GVHD).

State Specific Mandates		
State name N/A	Date effective N/A	Mandate details (including specific bill if applicable) N/A

Key References:

Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	X

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: June 4, 2019.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on June 4, 2019.
    a. Myeloproliferative Neoplasms. V2.2019. Revised October 29, 2018.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
CRX-ALL-0434-19