Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

JAKAFI (ruxolitinib)

GPI CODING:

215375602003**

DESCRIPTION:

Jakafi is a kinase inhibitor indicated for treatment of patients with intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis and post-essential thrombocythemia myelofibrosis.

APPROVAL DURATION:

New start or continuation of therapy less than 6 months' duration: 6 months total
Renewals ≥6 months' duration: 12 months

CRITERIA FOR JAKAFI

I. Patient has a diagnosis of primary myelofibrosis OR secondary myelofibrosis due to polycythemia vera or essential thrombocytosis

AND

II. If patient is a new start on Jakafi, patient has intermediate or high risk myelofibrosis as defined by the presence of one or more of the following documented adverse prognostic factors:
   A. Age > 65 years
   B. Constitutional symptoms (eg, fatigue, weight loss)
   C. Hemoglobin < 10 g/dL
   D. White blood cell count > 25 x 109/L
   E. Blood blasts ≥ 1%

OR

III. Off label uses for oncology drugs if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.)) A use is identified by a compendium as medically accepted if the:
   A. Indication is a Category 1 or 2A in NCCN,
   B. Indication is a Class I, Class IIa or Class IIb in DrugDex,
   C. Narrative text in AHFS or Clinical Pharmacology is supportive; or
   D. The use is supported by clinical research in 2 or more peer-reviewed medical journals

Authorization for continued use shall be reviewed at least every 12 months to confirm the patient's spleen size has decreased or symptoms have improved since initiation of Jakafi therapy.