

CRITERIA FOR PRIOR AUTHORIZATION

Jakafi® (ruxolitinib)

PROVIDER GROUP Pharmacy**MANUAL GUIDELINES** The following drug requires prior authorization:
Ruxolitinib (Jakafi)**CRITERIA FOR MYELOFIBROSIS:** (must meet all of the following)

- Diagnosis of intermediate or high-risk Myelofibrosis
 - Including myelofibrosis, post-polycythemia vera myelofibrosis, and post-essential thrombocythemia myelofibrosis
- Patient must have a baseline platelet count $\geq 50 \times 10^9/L$
- Patient must have a baseline absolute neutrophil count (ANC) $\geq 0.5 \times 10^9/L$
- Patient must be ≥ 18 years old
- Patient must not have end-stage renal disease (CrCl < 15 mL/min) not requiring dialysis
- Patient must be John Cunningham virus (JCV)-negative

CRITERIA FOR RENEWAL FOR MYELOFIBROSIS: (must meet all of the following)

- Patient must have spleen size reduction or symptom improvement
- Prescriber must verify that the benefits outweigh the potential risks in the patient
- Patient must have a current platelet count $\geq 50 \times 10^9/L$

LENGTH OF APPROVAL: 6 months**CRITERIA FOR POLYCYTHEMIA VERA:** (must meet all of the following)

- Inadequate response to or intolerance to hydroxyurea
- Patient must have a baseline platelet count $\geq 50 \times 10^9/L$
- Patient must have a baseline hemoglobin ≥ 8 g/dL
- Patient must have a baseline absolute neutrophil count (ANC) $\geq 1 \times 10^9/L$
- Patient must be ≥ 18 years old
- Patient must not have end-stage renal disease (CrCl < 15 mL/min) not requiring dialysis
- Patient must be John Cunningham virus (JCV)-negative

CRITERIA FOR RENEWAL FOR POLYCYTHEMIA VERA: (must meet all of the following)

- Patient must have spleen size reduction or symptom improvement
- Prescriber must verify that the benefits outweigh the potential risks in the patient
- Patient must have a current platelet count $\geq 50 \times 10^9/L$

LENGTH OF APPROVAL: 6 months