BlueCross BlueShield Federal Employee Program

JAKAFI (ruxolitinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

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

1. Intermediate-risk or high-risk myelofibrosis
2. Primary myelofibrosis
3. Post-polycythemia vera myelofibrosis
4. Post-essential thrombocythemia myelofibrosis
5. Polycythemia vera
    a. Inadequate treatment response to or intolerance to hydroxyurea

AND ALL of the following:

a. **NO** serious infections
b. Prescriber agrees to monitor CBC, platelet counts
c. Prescriber agrees to assess lipid levels 8 to12 weeks from start of therapy and treat it as needed
d. Prescriber will not exceed the FDA labeled dose of 50 mg/day

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Age 12 years of age and older

Diagnoses

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

1. Acute graft-versus-host disease (GVHD) in allogeneic hematopoietic stem cell transplantation (allo-HCT)
    a. Inadequate treatment response or intolerance to corticosteroid therapy
2. Chronic graft-versus-host disease (GVHD)
    a. Failure of one or two lines of systemic therapy

AND ALL of the following:

a. **NO** serious infections
b. Prescriber agrees to monitor CBC and platelet counts
c. Prescriber agrees to assess lipid levels 8 to 12 weeks from start of therapy and treat it as needed

d. Prescriber will not exceed the FDA labeled dose of 20 mg/day

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnoses

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

1. Intermediate-risk or high-risk myelofibrosis
2. Primary myelofibrosis
3. Post-polycythemia vera myelofibrosis
4. Post-essential thrombocythemia myelofibrosis
5. Polycythemia vera

AND ALL of the following:

a. A reduction in palpable spleen length, spleen volume and/or symptomatic improvement
b. Prescriber agrees to monitor CBC and platelet counts
c. Prescriber will not exceed the FDA labeled dose of 50 mg/day

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Age 12 years of age and older

Diagnoses

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

1. Graft-versus-host disease (GVHD) in allogeneic hematopoietic stem cell transplantation (allo-HCT)
2. Chronic graft-versus-host disease (GVHD)

AND ALL of the following:

a. Symptomatic improvement
b. Prescriber agrees to monitor CBC and platelet counts
c. Prescriber will not exceed the FDA labeled dose of 20 mg/day

Prior – Approval *Renewal* Limits

Same as above