CareSource

PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Jakafi (ruxolitinib)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Preferred Product) QUANTITY LIMIT— 60 tablets per 30 days (2 per day)
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Jakafi (ruxolitinib) is a **preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

ACUTE GRAFT-VERSUS-HOST DISEASE (GVHD)

For **initial** authorization:

1. Member is 12 years old or older; AND
2. Medication must be prescribed by or in consultation with a transplant or hematology/oncology specialist; AND
3. Member has a diagnosis of grade II-IV acute graft-versus host disease following allogeneic hematopoietic cell transplantation (HCT); AND
4. Member is refractory to treatment with glucocorticoid (such as methylprednisolone 2mg/kg/day), defined as progression by day 3, non-response by day 7, or inability to taper.
5. **Dosage allowed:** Up to 10mg twice daily (total 20mg/day).

If member meets all the requirements listed above, the medication will be approved for 30 days.

For **reauthorization**:

1. Member is being monitored for side effects (e.g. cytopenias) and has not experienced any life-threatening adverse events; AND
2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.

MYELOFIBROSIS

Any request for myelofibrosis must be submitted through NantHealth/Eviti portal.

POLYCYTHEMIA VERA

Any request for polycythemia vera must be submitted through NantHealth/Eviti portal.

CareSource considers Jakafi (ruxolitinib) not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
6/8/2020	New policy for Jakafi for acute GVHD
11/17/2021	Annual review, no changes.

References:

1. Jakafi [package insert]. Wilmington, DE: Incyte Corporation; 2020.
2. Chao, NJ. Treatment of acute graft-versus-host disease. *UpToDate*. https://www.uptodate.com/contents/treatment-of-acute-graft-versus-host-disease?search=acute%20gvhd&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2. Updated May 15, 2020. Accessed June 5, 2020.
3. Zeiser R, Bubnoff NV, Butler J, et al. Ruxolitinib for Glucocorticoid-Refractory Acute Graft-versus-Host Disease. *New England Journal of Medicine*. 2020;382(19):1800-1810. doi:10.1056/nejmoa1917635
4. Zeiser R, Burchert A, Lengerke C, et al. Ruxolitinib in corticosteroid-refractory graft-versus-host disease after allogeneic stem cell transplantation: a multicenter survey. Leukemia. 2015;29(10):2062-2068. doi:10.1038/leu.2015.212
5. Jagasia M, Perales M-A, Schroeder MA, et al. Ruxolitinib for the treatment of steroid-refractory acute GVHD (REACH1): a multicenter, open-label phase 2 trial. *Blood*. 2020;135(20):1739-1749. doi:10.1182/blood.2020004823
6. Zeiser R, Burchert A, Lengerke C, et al. Long-Term Follow-up of Patients with Corticosteroid-Refractory Graft-Versus-Host Disease Treated with Ruxolitinib. *Blood*. 2016;128(22):4561-4561. doi:10.1182/blood.v128.22.4561.4561

Effective date: 01/01/2022
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