

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Ruxolitinib (Jakafi)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **ruxolitinib (Jakafi)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Hematology/Oncology provider
 - Patient has either a diagnosis of primary myelofibrosis, or post-polycythemia vera, or essential thrombocythemia
- AND-
- Lower risk (MIPSS70+ version 2.0: ≤ 4) -AND- constitutional symptoms* with or without splenomegaly -OR- splenomegaly without constitutional symptoms but tried adequate trial of hydroxyurea.
- OR-
- Higher risk (MIPSS70+ version 2.0: >4) -AND- not a candidate for transplant -AND- baseline platelets above 50K

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **ruxolitinib (Jakafi)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Hematology/Oncology provider
 - Patient has either a diagnosis of primary myelofibrosis, post-polycythemia vera, or essential thrombocythemia
- AND-
- Lower risk (MIPSS70+ version 2.0: ≤ 4) -AND- constitutional symptoms* with or without splenomegaly -OR- splenomegaly without constitutional symptoms but tried adequate trial of hydroxyurea.
- OR-
- Higher risk (MIPSS70+ version 2.0: >4) -AND- not a candidate for transplant -AND- baseline platelets above 50K

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **ruxolitinib (Jakafi)** will be covered on the prescription drug benefit when the following criteria are met:

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