blue of california

ruxolitinib (JAKAFI)

Diagnoses Considered for Coverage:

- Myelofibrosis
- Polycythemia vera
- Graft vs host disease (GvHD)
- Myeloid, lymphoid, or mixed lineage neoplasms with eosinophilia and JAK2 rearrangement
- Myelodysplastic/myeloproliferative overlap neoplasms
- Cytokine release syndrome (CAR-T cell related toxicities)
- Essential thrombocythemia

Coverage Criteria:

1. **For diagnosis of myelofibrosis, approve if:**
   - Most recent platelet count at least 50,000 cells/mcl, **and**
   - Not being used in combination with another agent for the treatment of myelofibrosis (hydroxyurea, interferons [Intron A, Pegasys, PegIntron, Sylatron], JAK inhibitors [Inrebic, Jakafi]), **and**
   - Dose does not exceed 50 mg per day.

2. **For diagnosis of polycythemia vera, approve if:**
   - Patient had inadequate response or intolerable side effect to hydroxyurea OR contraindication to hydroxyurea and attestation hematocrit > 40%, **and**
   - Dose does not exceed 50 mg per day.

3. **For diagnosis of graft vs host disease (GvHD), approve if:**
   - Inadequate response to at least one prior drug [i.e. systemic corticosteroids or immunosuppressant drugs like antithymocyte globulin (ATG), cyclophosphamide, cyclosporine, methotrexate, mycophenolate, and tacrolimus] for GVHD, **and**
   - Dose does not exceed 50 mg per day.

4. **For diagnosis of myeloid, lymphoid, or mixed lineage neoplasms, approve if:**
   - Provider attestation of eosinophilia, **and**
   - Provider attestation of JAK2 rearrangement, **and**
   - Dose does not exceed 50 mg per day.

5. **For diagnosis of cytokine release syndrome (CAR-T cell related toxicities), approve if:**

- Inadequate response to high-dose corticosteroids and an anti-IL-6 therapy (e.g. tocilizumab), **and**
- Dose does not exceed 50 mg per day.

6. **For diagnosis of myelodysplastic/myeloproliferative overlap neoplasms, approve if:**

- Patient has chronic myelomonocytic leukemia **(CMML)** or atypical chronic myeloid leukemia **(aCML)** also called MDS/MPN with neutrophilia, **and**
- Provider attestation patient has JAK2 rearrangement, **and**
- One of the following:
  - ***For CMML:*** Being used in combination with a hypomethylating agent (e.g. decitabine, azacitidine), or
  - ***For aCML:*** Being used as a single agent or in combination with a hypomethylating agent (e.g. decitabine, azacitidine)
- Dose does not exceed 50 mg per day.

7. **For diagnosis of essential thrombocythemia, approve if:**

- Inadequate response, intolerable side effect or contraindication to one of the following: hydroxyurea, peginterferon alfa 2a, or anagrelide, **and**
- Dose does not exceed 50 mg per day.

Coverage Duration: one year

Effective Date: 6/28/2023