

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Jakafi (ruxolitinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Jakafi (ruxolitinib)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Jakafi (ruxolitinib) may be approved if the following are met:

- I. Individual has a diagnosis of intermediate or high-risk myelofibrosis including any of the following:
  - A. Primary myelofibrosis; **OR**
  - B. Post-polycythemia vera myelofibrosis; **OR**
  - C. Post-essential thrombocythemia myelofibrosis;
  
- OR**
- II. Individual has a diagnosis of polycythemia vera with an inadequate response to or intolerance to hydroxyurea or interferon therapy (label, NCCN 2A).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

#### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website.  
<http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: 4/2018.

DrugPoints® System [Internet Database]. Greenwood Village, CO: Thomson Reuters (Healthcare) Inc. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2018 National Comprehensive Cancer Network, Inc.  
 Available at: NCCN.org. Updated periodically.

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