

Ruxolitinib



Included Products: Jakafi (ruxolitinib)

Created: 07/11/2019

Revised: 07/11/2019

Reviewed: 07/11/2019

Updated: 09/22/2021

Cancer

Initial Criteria		If yes	If no
1.	Is the treatment being prescribed or supervised by a hematologist or oncologist, as appropriate, for the type of cancer?	Continue to #2.	Do not approve.
2.	Is the treatment supported for the diagnosis in the NCCN guidelines for the drug and dosage form?	Continue to #4.	Continue to #3.
3.	Is the treatment being used according to the FDA indication for the drug and dosage form?	Continue to #4.	Request external specialty review.
4.	Does the request meet criteria for treatment coverage specified in Guideline Note 12 of the Prioritized List of Health Services, considering treatment of cancer with little or no benefit?	Continue to #5.	Do not approve.
5.	Approve for 12 months.		
Renewal Criteria		If yes	If no
1.	Is there evidence of tumor response and resolution or improvement of disease-related signs and symptoms?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		

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Acute Graft versus Host Disease

Initial Criteria		If yes	If no
1.	Has the treatment been initiated by or is an appropriate specialist in the field of transplant currently supervising it?	Continue to #2.	Do not approve.
2.	Does the member have at least grade 2 disease?	Continue to #3.	Do not approve.
3.	Has the member tried and failed oral steroids?	Continue to #4.	Do not approve.
4.	Has the member tried and failed another systemic immunosuppressant, such as mycophenolate (see NCCN for list of other 2nd line alternatives)?	Continue to #5.	Do not approve.
5.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Has treatment been effective and has discontinuation/ tapering been considered and deemed inappropriate by the specialist?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		

Chronic Graft versus Host Disease

Initial Criteria		If yes	If no
1.	Is the treatment being prescribed by a hematologist/ oncologist or transplant specialist for the treatment of chronic graft vs host disease?	Continue to #2.	Do not approve.
2.	Is the condition refractory to systemic corticosteroids?	Continue to #3.	Do not approve.
3.	Has the member tried and failed at least 1 other systemic immunosuppressant, such as a calcineurin inhibitor (see NCCN for list of supported 2nd line alternatives)?	Continue to #4.	Do not approve.
4.	Approve for 6 months.		

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Renewal Criteria		If yes	If no
1.	Has treatment been effective and has discontinuation/ tapering been considered and deemed inappropriate by the specialist?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		