

Prior Authorization DRUG Guidelines

Jakafi (ruxolitinib)

Effective Date: 1/31/12

Date Developed: 12/20/11 by Albert Reeves MD

Last Approval Date: 1/26/16, 1/24/17, 1/23/18, 1/22/19

(Archived 1/22/19)

Jakafi (ruxolitinib) is a kinase inhibitor indicated for treatment of patients with intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis and post-essential thrombocythemia myelofibrosis.

Pre-Authorization Criteria:

VCHCP will authorize/approve Jakafi (ruxolitinib) when:

1. There is documentation that the member meets the qualifications of the above indications.
2. The medication is prescribed by a hematologist-oncologist or a physician that primarily provides care in a hematology-oncology, immunology clinic.
3. The prescribing physician is contracted with the Ventura County Health Care Plan or has an agreement with the Health Plan to treat the member receiving the medication.

For dosages, dosage adjustments, warnings and adverse reactions access the Jakafi website at www.jakafi.com.

References:

Incyte Corporation-Clinical information - Jakafi

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