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| <b>POLICY NAME</b> | Jakafi (ruxolitinib) | <b>POLICY #</b> | 2417P |
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## Criteria

### Coverage Criteria for Acute Graft versus Host Disease (aGVHD)

- ☐ Documented diagnosis of steroid-refractory acute graft versus host disease
- ☐ Age 12 years and older

### Coverage Criteria for Chronic Graft versus Host Disease (cGVHD)

- ☐ Documented diagnosis of cGVHD
- ☐ Age 12 years or older
- ☐ Failure of at least one line of systemic therapy (such as prednisone, cyclosporine, tacrolimus)

### Coverage Criteria for Myelofibrosis

- ☐ Review completed by eviCore. See pharmacy policy 2599, Oncology Regimen Review

### Coverage Criteria for Polycythemia Vera

- ☐ Review completed by eviCore. See pharmacy policy 2599, Oncology Regimen Review