

**POLICY NAME**

Jakafi (ruxolitinib)

**POLICY #**

2417P

## Criteria

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

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

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

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

### Coverage Criteria for Myelofibrosis

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

### Coverage Criteria for Polycythemia Vera

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