

POLICY NAME	Jakafi (ruxolitinib)	POLICY #	2417P
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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