ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

UNIFORM PHARMACY PRIOR AUTHORIZATION REQUEST FORM

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete this form in its entirety and send to Rocky Mountain Health Plans at 858-357-2538

☐ **Urgent**[1] ☐ **Non-Urgent**

Requested Drug Name: Jakafi® (ruxolitinib)

Patient Information:	**Prescribing Provider Information:**
Patient Name:	Prescriber Name:
Member/Subscriber Number:	Prescriber Fax:
Policy/Group Number:	Prescriber Phone:
Patient Date of Birth (MM/DD/YYYY):	Prescriber Pager:
Patient Address:	Prescriber Address:
Patient Phone:	Prescriber Office Contact:
Patient Email Address:	Prescriber NPI:
	Prescriber DEA:
Prescription Date:	Prescriber Tax ID:
	Specialty/Facility Name (If applicable):
	Prescriber Email Address:

Prior Authorization Request for Drug Benefit: ☐ New Request ☐ Reauthorization

Patient Diagnosis and ICD Diagnostic Code(s):

Drug(s) Requested (with J-Code, if applicable):

Strength/Route/Frequency:

Unit/Volume of Named Drug(s):

Start Date and Length of Therapy:

Location of Treatment: (e.g. provider office, facility, home health, etc.) including name, Type 2 NPI (if applicable), address and tax ID:

Clinical Criteria for Approval, Including other Pertinent Information to Support the Request, other Medications Tried, Their Name(s), Duration, and Patient Response:

Jakafi® (ruxolitinib)

Diagnosis (documentation supportive of diagnosis is required)

☐ Myelofibrosis

- ☐ Intermediate (2 prognostic factors) **OR**
- ☐ High-risk (3 or more prognostic factors)

☐ Other (please state):_____

Clinical Consideration (for approval, please indicate and provide documentation of the following):

☐ Palpable splenomegaly at least 5 cm below the costal margin

☐ Platelet count ≥ 50 X 10^9/L at start of therapy

Note: Initial dose of Jakafi is based on the platelet count due to risk of hematological adverse reactions. The platelet count must be 50 x 10^9/L or greater for approval

Physician Specialty

☐ Oncology

☐ Other (please state):_____

Initial or Continuation Therapy

☐ Initial Request: initial approval will be given for 6 months

☐ Continuation of therapy

☐Documentation provided must identify a 35% reduction in spleen size and decrease in symptoms vs. baseline

Note: Treatment should be discontinued after 6 months if insufficient response

☐ For use in clinical trial? (If yes, provide trial name and registration number):

Drug Name (Brand Name and Scientific Name)/Strength:

Dose:	Route:	Frequency:
Quantity:	Number of Refills:	

Product will be delivered to: ☐ Patient's Home ☐Physician Office Other:

Prescriber or Authorized Signature: Date:

Dispensing Pharmacy Name and Phone Number:

☐ **Approved** ☐ **Denied**

If denied, provide reason for denial, and include other potential alternative medications, if applicable, that are found in the formulary of the carrier:

1. A request for prior authorization that if determined in the time allowed for non-urgent requests could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function, or subject the person to severe pain that cannot be adequately managed without the drug benefit contained in the prior authorization request

RMHP Formulary Coverage Policy

THIS INFORMATION IS NOT ALL-INCLUSIVE AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY

Jakafi® (ruxolitinib)

CLASSIFICATION

- Tyrosine Kinase Inhibitor

DESCRIPTION

- Ruxolitinib inhibits dysregulated Janus Associated Kinase (JAK) 1 and JAK2 signaling associated with myelofibrosis. JAK1 and JAK2 recruit signal transducers and activators of transcription (STATs) to cytokine receptors leading to modulation of gene expression.
- Ruxolitinib is indicated to treat intermediate- or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis, and post-essential thrombocythemia myelofibrosis.
- In the COMFORT-I trial (n=309), patients with myelofibrosis (primary myelofibrosis, 50%; post-polycythemia vera myelofibrosis, 31%; post-essential thrombocythemia myelofibrosis, 18%) who were refractory to or not candidates for available therapy and had palpable splenomegaly at least 5 cm below the costal margin (median, 16 cm; 10 cm or greater, 81%) and risk category (International Working Group Consensus Criteria) of intermediate risk (2 prognostic factors) or high risk (3 or more prognostic factors) were randomized 1:1 to ruxolitinib or placebo. The primary outcome, a 35% or greater reduction in spleen volume at week 24, was achieved by a significantly higher proportion of patients in the ruxolitinib group than in the placebo group (41.9% vs. 0.7%; p <0.0001). Among responders with a 35% or greater decrease in spleen volume, 67% (95% CI, 46.4% to 81.1%) had a reduction that was maintained for 48 weeks or more. At week 24, myelofibrosis symptoms (measured by modified Myelofibrosis Symptom Assessment Form) were improved (50% or greater reduction in MFSAF score from baseline) in a significantly higher proportion of patients in the ruxolitinib group (n=148) than in the placebo group (n=152); 45.9% vs 5.3%; odds ratio 15.3 (95% CI, 6.9 to 33.7; p < 0.001). The improvement in symptoms was rapid and maintained over the duration of the 24-week study; however, following interruption of ruxolitinib therapy, myelofibrosis-related symptoms returned to baseline levels over a period of approximately 1 week. At the time of data cutoff, there were 10 deaths (6.5%) reported in the ruxolitinib group compared with 14 deaths (9.1%) in placebo; hazard ratio (HR), 0.67; 95% CI, 0.3 to 1.5; p=0.33), and when 4 additional months were added to the analysis (median follow-up 51 weeks), the mortality rate was 8.4% (13 deaths) vs 15.6% (24 deaths), respectively; HR 0.5 (95% CI, 0.25 to 0.98; p=0.04).
- Hematologic adverse reaction (incidence >20% in patients taking ruxolitinib) include thrombocytopenia and anemia. Incidence for the ruxolitinib group vs. placebo group: anemia (all grades, 96.1% vs 86.8%; grades 3 and 4, 45.2% vs 19.2%), thrombocytopenia (all grades, 69.7% vs 30.5%; grades 3 and 4, 12.9% vs 1.3%), and neutropenia (all grades, 18.7% vs 4%; grades 3 and 4, 7.1% vs 2%).
- Non-hematologic adverse reactions (incidence >10% in patients taking ruxolitinib) include ecchymosis, dizziness, and headache. Incidence for the ruxolitinib group vs. the placebo group: ecchymosis (18.7% vs 9.3%), dizziness (14.8% vs 6.6%), and headache (14.8% vs 5.3%).

- In the COMFORT-II open-label trial (n=219), patients with myelofibrosis who were refractory to or not candidates for available therapy and had palpable splenomegaly at least 5 cm below the costal margin (median, 15 cm; 10 cm or greater, 70%) and a IWG risk category of intermediate risk (2 prognostic factors) or high risk (3 or more prognostic factors) were randomized in a 2:1 ratio to ruxolitinib or best available individualized therapy as determined by the investigator (hydroxyurea, 47%; glucocorticoids, 16%). At baseline, median spleen volume measured by MRI or CT was 2381 cm^3 (range, 451 to 7765 cm^3; ULN, approximately 300 cm^3). The primary outcome, a 35% or greater reduction in spleen volume at week 48, was achieved by a significantly higher proportion of patients in the ruxolitinib group than in the best available therapy group (n=73; 28.5% vs. 0%; p <0.0001).

FORMULARY COVERAGE

Prior authorization: Yes
Good Health Formulary: Tier 4
Commercial Formulary: Tier 4
Medicare Part D coverage: Tier 5

COVERAGE CRITERIA

Jakafi® (ruxolitinib) meets the definition of **medical necessity** for the following:

- Intermediate-2 (2 prognostic factors) or high-risk (3 or more prognostic factors) myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis, and post-essential thrombocythemia myelofibrosis *(documentation required).*
- The following documentation is required:
  - Palpable splenomegaly at least 5 cm below the costal margin.
  - Platelet count ≥ 50 X 10^9/L at start of therapy

Prognostic factors based on the International Working Group Consensus Criteria (IWG):

- Age greater than 65 years old,
- Leukocytosis (white blood cell count greater than 25 x 10^9 /L),
- Marked anemia (hemoglobin less than 10 g/dL),
- Peripheral blood blast greater than or equal to 1 percent,
- Positive for constitutional symptoms (e.g. fever, weight loss, night sweats, and bone pain).

Four risks groups delineated:

- presence of 0 (low risk)
- 1 (intermediate risk-1)
- 2 (intermediate risk-2)
- ≥ 3 (high risk)

Initial approval will be given for 6 months. For continuation of therapy – documentation provided must identify a 35% reduction in spleen size and decrease in symptoms vs. baseline.

Jakafi® (ruxolitinib) is considered **experimental** for the following:

- Any condition or diagnosis not FDA approved or Compendia supported
- Platelet count less than 50 X 10^9/L at start of therapy.
- Polycythemia vera, chronic myelogenous leukemia, myelodysplastic syndrome, or other myeloid neoplasm.

Required Provider Specialty:

- Approval is limited to Oncology

DOSAGE/ADMINISTRATION

Adult Dosing (safety and efficacy has not been determined for pediatric patients less than 18 years):

- Starting doses for patients with intermediate or high-risk Myelofibrosis:
    - Platelet count greater than 200 x 10^9/L: 20 mg ORALLY twice daily
    - Platelet count 100 x 10^9/L to 200 x 10^9/L: 15 mg ORALLY twice daily
    - Platelet count 50 x 10^9/L to <100 x 10^9/L: 5mg ORALLY twice daily
    - Discontinue treatment after 6 months if insufficient response (no decrease in spleen size or improvement in symptoms).
- Dose modification guidelines for hematologic toxicity: depends on platelet count at start of therapy. *Refer to the manufacturer's prescribing information.*
- Dose modifications based on insufficient response (defined as failure to achieve a 50% reduction from pretreatment baseline in palpable spleen length or a 35% reduction in spleen volume on MRI or CT):
    - Depends on platelet count at start of therapy. *Refer to the manufacturer's prescribing information.*
    - Based on limited clinical data in patients who started Jakafi with a platelet count of 100 x 10^9/L or greater, long-term maintenance at a 5mg twice daily dose has not shown responses and continued use at this dose should be limited to patients in whom the benefits outweigh the potential risks. **Discontinue Jakafi if there is no spleen size reduction or symptom improvement after 6 months of therapy.**

Starting doses when renal or hepatic impairment: *Refer to the manufacturer's prescribing information.*

Dosing modifications for thrombocytopenia: *Refer to the manufacturer's prescribing information*.

Recommended starting dose if concomitant administration with strong CYP3A4 inhibitors:

- If platelet count ≥ 100 x 10^9/L, 10 mg twice daily.
- Avoid concomitant administration with strong CYP3A4 inhibitors when platelet count is < 100 x 10^9/L.

PRECAUTIONS

- Hematologic toxicity, including thrombocytopenia, anemia, and neutropenia, may occur. Perform a pre-treatment complete blood count (CBC) and monitor CBCs every 2 to 4 weeks until doses are stabilized, and then as clinically indicated. Dose interruptions or reductions may be necessary.
- Herpes zoster may occur. Education on signs and symptoms and seek treatment as early as possible.
- Bleeding may occur and may require dose adjustment or therapy interruption.
- Concomitant use with strong CYP3A4 inhibitors, with platelet counts less than 100 x 10^9/L, avoid use; with platelet counts of 100 x 10^9/L or greater, dose adjustment recommended.
- Discontinuation of therapy - gradual tapering of dose recommended.
- Hepatic impairment, with platelet counts less than 100 x $10^{9/}$L, avoid use; with platelet counts of 100 to 150 x 10^9/L, dose adjustment recommended.
- Serious infections (e.g., bacterial, mycobacterial, fungal, or viral) may occur.
- Progressive multifocal leukoencephalopathy has been reported. Discontinuation of therapy required if suspected.
- Renal disease, ESRD (CrCl < 15 mL/min) not on dialysis: avoid use; ESRD on dialysis and platelet count 100 x 10^9/L or greater, dose adjustment recommended.
- Renal impairment, moderate (CrCl 30 to 59 mL/min) or severe (CrCl 15 to 29 mL/min) and platelet counts less than 100 x 10^9/L, avoid use; moderate or severe and platelet counts 100 to 150 x 10^9/L, dose adjustment recommended.

- Tuberculosis has been reported. Consider possibility of latent or active tuberculosis. Monitoring is recommended.

Billing/Coding information

HCPCS Coding:

C9399	Unclassified drugs or biologicals (Hospital Outpatient Use only)
J 8999	Prescription drug, oral, chemotherapeutic, Not otherwise specified

COST

- AWP (March 2012): Jakafi oral tablet (all strengths) (60): $8,400.00
- AWP (March 2014): Jakafi oral tablet (all strengths) (60): $10,502.40

COMMITTEE APPROVAL

- March 2012

GUIDELINE UPDATE INFORMATION

March 2012	Coverage Policy created
May 2014	Coverage Policy updated

REFERENCES

- DRUGDEX®, accessed 03/14/2012, 5/19/2014.
- Product Information: Jakafi® (ruxolitinib) tablets for oral use. Incyte Corporation, Wilmington, DE, 2011, 2013.