Jakafi®

Products affected

- Jakafi®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Complete blood count (CBC) prior to initiating therapy (platelet count greater than 100 x 10(9)/L) with monitoring every 2 to 4 weeks until dose is stabilized, then as clinically necessary.
Age restrictions	Must be age 18 or older.
Prescriber restrictions	N/A
Coverage duration	Initial approval for 12 weeks, continuation approval for 12 months.
Other criteria	Patient must be at intermediate or high-risk, including primary myleofibrosis, post-polycthemia vera myelofibrosis, or post-essential thrombocythemia myelofobrosis. Physician must be familiar with the FDA labeling and dose modification information for Jakafi. For continuation, patient must have experienced a 35% reduction in spleen volume (approximately a 50% reduction in spleen size on palpation).