



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Jakafi

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Effective Date: 7/15/2024

Last Review Date: 6/2024

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Michigan
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### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Jakafi under the patient's prescription drug benefit.

### Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### A. FDA-Approved Indications

1. Jakafi is indicated for treatment of intermediate or high-risk myelofibrosis (MF), including primary MF, post-polycythemia vera MF and post-essential thrombocythemia MF in adults.
2. Jakafi is indicated for treatment of polycythemia vera (PV) in adults who have had an inadequate response to or are intolerant of hydroxyurea.
3. Jakafi is indicated for treatment of steroid-refractory acute graft-versus-host disease (aGVHD) in adult and pediatric patients 12 years and older.
4. Jakafi is indicated for treatment of chronic graft-versus-host disease (cGVHD) after failure of one or two lines of systemic therapy in adult and pediatric patients 12 years and older.

#### B. Compendial Uses

1. Symptomatic lower risk myelofibrosis
2. Myelofibrosis-associated anemia
3. Accelerated/blast phase myeloproliferative neoplasms
4. Polycythemia vera in patients with inadequate response or loss of response to interferon therapy
5. Polycythemia vera in patients with high-risk disease
6. Philadelphia chromosome (Ph-like) B-cell Acute Lymphoblastic Leukemia (ALL)/Lymphoblastic lymphoma (LL)
7. Chronic myelomonocytic leukemia (CMML)-2
8. T-cell prolymphocytic leukemia
9. BCR-ABL negative atypical chronic myeloid leukemia (aCML) / Myelodysplastic/Myeloproliferative Neoplasms (MDS/MPN) with neutrophilia
10. Essential Thrombocythemia
11. Myeloid/lymphoid neoplasms with eosinophilia and JAK2 rearrangement in blast phase or chronic phase
12. CAR T-cell-related toxicities - Cytokine release syndrome (CRS)



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### 13. Immune checkpoint inhibitor-related toxicities- concomitant myositis and myocarditis

All other indications are considered experimental/investigational and not medically necessary.

#### Applicable Drug List:

Jakafi

#### Policy/Guideline:

##### Documentation:

Submission of the following information is necessary to initiate the prior authorization review:

- A. For Ph-like B-cell acute lymphoblastic leukemia/lymphoblastic lymphoma (LL), medical record documentation confirming either a cytokine receptor-like factor 2 (CRLF2) mutation or a mutation associated with activation of the Janus kinase/signal transducers and activators of transcription (JAK/STAT) pathway.
- B. For myeloid and/or lymphoid neoplasms with eosinophilia: Testing or analysis confirming JAK2 rearrangement

##### Criteria for Initial Approval:

###### A. Myelofibrosis

Authorization of 12 months may be granted for the treatment of myelofibrosis.

###### B. Accelerated/Blast Phase Myeloproliferative Neoplasms

Authorization of 12 months may be granted for the treatment of accelerated phase or blast phase myeloproliferative neoplasms when used as a single or in combination with azacitidine or decitabine.

###### C. Polycythemia Vera

Authorization of 12 months may be granted for the treatment of polycythemia vera when any of the following criteria are met:

1. Member has had an inadequate response or intolerance to hydroxyurea or peginterferon alfa-2a
2. Member has high risk disease

###### D. Acute Graft-versus-Host Disease (aGVHD) or Chronic Graft-versus-Host Disease (cGVHD)



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Authorization of 12 months may be granted for the treatment of graft-vs-host disease when any of the following criteria are met:

1. Member has steroid-refractory acute GVHD
2. Member has chronic GVHD and has failed at least one prior line of systemic therapy

**E. Acute Lymphoblastic Leukemia (ALL)/Lymphoblastic Lymphoma (LL)**

Authorization of 12 months may be granted for the treatment of Ph-like B-cell acute lymphoblastic leukemia/lymphoblastic lymphoma for members with either a cytokine receptor-like factor 2 (CRLF2) mutation or a mutation associated with activation of the Janus kinase/signal transducers and activators of transcription (JAK/STAT) pathway.

**F. Chronic Myelomonocytic Leukemia (CMML)-2**

Authorization of 12 months may be granted for the treatment of chronic myelomonocytic leukemia (CMML)-2 in combination with a hypomethylating agent.

**G. T-Cell Prolymphocytic Leukemia**

Authorization of 12 months may be granted for the subsequent treatment of symptomatic T-cell prolymphocytic leukemia, as a single agent.

**H. Atypical Chronic Myeloid Leukemia (aCML) / Myelodysplastic/Myeloproliferative Neoplasms (MDS/MPN) with Neutrophilia**

Authorization of 12 months may be granted for the treatment of BCR-ABL negative aCML or MDS/MPN with neutrophilia as a single agent or in combination with a hypomethylating agent.

**I. Essential Thrombocythemia**

Authorization of 12 months may be granted for the treatment of essential thrombocythemia in members who have had an inadequate response or loss of response to hydroxyurea, peginterferon alfa-2a, or anagrelide.

**J. Myeloid/Lymphoid Neoplasms with Eosinophilia**

Authorization of 12 months may be granted for the treatment of myeloid and/or lymphoid neoplasms with eosinophilia and JAK2 rearrangement in the chronic phase or blast phase.

**K. Cytokine Release Syndrome**

Authorization of 1 month may be granted for treatment of chimeric antigen receptor (CAR) T-cell-induced cytokine release syndrome that is refractory to high-dose corticosteroids and anti-IL-6 therapy.



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#### L. Concomitant Myositis and Myocarditis

Authorization of 1 month may be granted for treatment of immune checkpoint inhibitor-related concomitant myositis and myocarditis when requested agent is used in combination with abatacept.

#### Continuation of Therapy:

##### A. Myelofibrosis, Accelerated/Blast Phase Myeloproliferative Neoplasms, Polycythemia Vera, Acute GVHD, Chronic GVHD, and Essential Thrombocythemia

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization who have improvement in symptoms and no unacceptable toxicity.

##### B. Acute Lymphoblastic Leukemia (ALL)/Lymphoblastic Lymphoma (LL), Atypical Chronic Myeloid Leukemia (aCML) / Myelodysplastic/Myeloproliferative Neoplasms (MDS/MPN) with Neutrophilia, Chronic Myelomonocytic Leukemia (CMML)-2, T-Cell Prolymphocytic Leukemia, and Myeloid/Lymphoid Neoplasms with Eosinophilia

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

##### C. Cytokine Release Syndrome and Concomitant Myositis and Myocarditis

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

#### Approval Duration and Quantity Restrictions:

##### Approval:

- Cytokine Release Syndrome and Concomitant Myositis and Myocarditis: 1 months
- All others: 12 months

**Quantity Level Limit:** Jakafi – 60 tablets per 30 days

#### References:

1. Jakafi [package insert]. Wilmington, DE: Incyte Corporation; January 2023.
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5. Raetz Elizabeth, Loh Mignon. A Phase 2 Study of the JAK1/JAK2 Inhibitor Ruxolitinib with Chemotherapy in Children with De Novo High-Risk CRLF2-Rearranged and/or JAK Pathway-Mutant Acute Lymphoblastic Leukemia. *American Society of Hematology*. 2016: 13(3).
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