Ruxolitinib (JAKAFI) in Myelofibrosis
Criteria for Use
October 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the *PBM INTRAnet* site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive ruxolitinib.

☐ Active or uncontrolled infection

☐ Unmanageable drug-drug interaction

☐ End stage renal disease (CrCl < 15ml/min) not on dialysis

☐ Absolute Neutrophil Count (ANC) $\leq$ 1000/mm^3 and/or platelet count $\leq$ 50,000/mm^3 unless due to marrow involvement or associated with Duffy-null Associated Neutrophil Count (DANC)

☐ Lactating

Inclusion Criteria

All of the following criteria must be met.

☐ Care provided by a VA or VA Community Care hematology provider

☐ Goals of care and role of Palliative Care consult have been discussed and documented

☐ Eastern Cooperative Oncology Group performance status 0 - 3

☐ Baseline Complete Blood Count (CBC)^ and documentation of spleen length or volume (by palpation OR imaging)

^ Advise repeat CBC 1 week after initiation of treatment then every 2-4 weeks until dose stabilizes, then as clinically necessary

Additional Inclusion Criteria

One of the following criteria must be met:

☐ Diagnosis of intermediate or high-risk myelofibrosis (MF), including primary MF, post-polycythemia vera MF, post-essential thrombocythemia MF

☐ Diagnosis of polycythemia vera with an inadequate response or intolerance to hydroxyurea

Additional Inclusion Criteria

☐ For females who are breastfeeding: Manufacturer recommends discontinuing breastfeeding during treatment with ruxolitinib and for 2 weeks after stopping treatment.

Other Justification

☐ _____

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