



# SmartPA Criteria Proposal

Drug/Drug Class:	Targeted Immune Modulators (TIMs), Small Molecule Janus Kinase (JAK) Inhibitors Clinical Edit		
First Implementation Date:	TBD		
Proposed Date:	June 16, 2022		
Prepared for:	MO HealthNet		
Prepared by:	MO HealthNet/Conduent		
Criteria Status:	□Existing Criteria □Revision of Existing Criteria ⊠New Criteria		

# **Executive Summary**

Purpose: Ensure appropriate utilization and control of TIMs, Small Molecule JAK Inhibitors.

Why Issue Selected:

Janus kinase (JAK) is a group of cytoplasmic protein tyrosine kinases that are essential for signal transduction to the nucleus from common plasma membrane receptors for some interleukins. JAKs are comprised of Janus kinase 1 (JAK1), Janus kinase 2 (JAK2), Janus kinase 3 (JAK3), and tyrosine kinase 2 (TYK2). Inhibition of these enzymes results in decreased cytokine or growth factor-mediated gene expression and intracellular activity leading to reduced immunological responses. Jakafi® (ruxolitinib) was FDA-approved in 2011 and is currently indicated for intermediate and high-risk myelofibrosis, polycythemia vera, and steroid-refractory graft-versus-host disease. Inrebic® (fedratinib) was approved by the FDA in 2019 for the indication of intermediate or high-risk myelofibrosis. Vonjo® was FDA-approved in 2022 for the indication of intermediate or high-risk myelofibrosis in adults with a platelet count below 50 x 10³/L. All three medications are available as oral formulations. Other JAK inhibitors differ slightly in their inhibition of the specific kinases and do not share any of the same indications as Jakafi, Inrebic, or Vonjo.

Due to the high cost and specific approved indications, MO HealthNet will impose clinical criteria to ensure appropriate utilization of TIMs, Small Molecule JAK Inhibitors.

# Program-Specific Information:

Date Range FFS 1/1/21 to 12/31/21								
Drug	Claims	Spend	Cost per month (MAC)	Cost per year (MAC)				
INREBIC 100 MG CAP	0	-	\$22,840.80	\$274,089.60				
JAKAFI 5 MG TAB	63	\$666,504.41		\$186,177.60				
JAKAFI 10 MG TAB	57	\$663,560.95						
JAKAFI 15 MG TAB	1	\$14,707.66	\$15,514.80					
JAKAFI 20 MG TAB	13	\$189,630.46						
JAKAFI 25 MG TAB	8	\$96,043.57						
VONJO 100 MG CAP	0	-	\$19,422.00	\$233,064.00				

Type of Criteria:	☐ Increased risk of ADE	□ Preferred Drug List
	☑ Appropriate Indications	

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# **Setting & Population**

- Drug class for review: TIMS, Small Molecule JAK Inhibitors
- Age range: All appropriate MO HealthNet participants

# **Approval Criteria**

#### **Initial Therapy:**

- Prescribed by or in consultation with an appropriate specialist in the treated disease state AND
- Documented diagnosis of intermediate or high-risk myelofibrosis AND
  - Participant is aged at least 18 years AND
  - For Vonjo: documentation of platelet count < 50 x 10<sup>9</sup>/L
  - For Inrebic: failure to achieve therapeutic response after minimum of 90 days of therapy with Jakafi
  - Initial approval is for 6 months
- Documented diagnosis of symptomatic low-risk myelofibrosis AND
  - For Jakafi only:
    - Participant is aged at least 18 years AND
    - Documented adequate therapeutic trial of hydroxyurea (3 claims in past 12 months) AND
    - Documented adequate therapeutic trial of peginterferon alfa-2a (3 claims in past 12 months)
- Documented diagnosis of polycythemia vera AND
  - For Jakafi only:
    - Participant is aged at least 18 years AND
    - Participant is considered high-risk based on
      - Age > 60 years **OR**
      - Age ≤ 60 year and thrombosis history AND
    - Documented therapeutic trial of peginterferon alfa-2a (3 claims in past 12 months) AND
    - Patient must have resistance or intolerance to hydroxyurea defined by:
      - Need for phlebotomy to keep hematocrit < 45% after 3 months of at least 2 g/day of hydroxyurea OR
      - Platelet count >400 x 10<sup>9</sup>/L and white blood cell count >10 x 10<sup>9</sup>/L after 3 months of at least 2 g/day of hydroxyurea OR
      - Reduction of splenomegaly < 50% after 3 months of at least 2 g/day of hydroxyurea OR</li>
      - Absolute neutrophil count <1.0 x 10<sup>9</sup>/L or platelet count <100 x 10<sup>9</sup>/L or hemoglobin <10 g/dL OR</li>
      - Documentation of previous therapeutic trial (at least 3 months of therapy) or concurrent treatment, intolerance, insufficient response, or contraindication with hydroxyurea.
    - Initial approval for 6 months
- Documented diagnosis of acute graft-versus-host disease AND
  - For Jakafi only:
    - Participant is aged at least 12 years AND
    - Documentation that participant is steroid-refractory defined by:
      - Progression of acute GVHD within 3-5 days of therapy onset with ≥ 2 mg/kg/day of prednisone OR
      - Failure to improve within 5-7 days of treatment initiation OR
      - Incomplete response after more than 38 days of immunosuppressive treatment including steroids OR

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- Documented ADE/ADR to oral corticosteroids
- Initial approval for 6 months
- Documented diagnosis of chronic graft-versus-host disease AND
  - For Jakafi only:
    - Participant is aged at least 12 years AND
    - Documentation that participant is steroid-refractory defined by:
      - Chronic GVHD progression while on prednisone at ≥ 1 mg/kg/day for 1-2 weeks **OR**
      - Stable GVHD disease while on ≥ 0.5 mg/kg/day (or 1 mg/kg every other day) of prednisone for 1-2 months OR
      - Documented ADE/ADR to oral corticosteroids
      - Initial approval for 6 months

#### **Continuation of Therapy**

- Documented compliance to prescribed drug therapy (3 claims in past 120 days)
- Continued approval for up to 12 months

### **Denial Criteria**

- Therapy will be denied if all approval criteria are not met
- · Participant is currently pregnant

# **Required Documentation**

Laboratory Results:	Progress	s Notes:	
MedWatch Form:	Other:		X

#### **Disposition of Edit**

Denial: Exception code "0682" (Clinical Edit)

Rule Type: CE

#### **Default Approval Period**

6 months

# References

- Inrebic (fedratinib) [package insert]. Summit, NJ: Celgene Corporation; December, 2021.
- Jakafi (ruxolitinib) [package insert]. Wilmington, DE: Incyte Corporation; September, 2021.
- Vonjo (pacritinib) [package insert]. Seattle, WA: CTI BioPharma Corporation; February, 2022.
- IPD Analytics: New Drug Review: Vonjo (pacritinib). Accessed April 22, 2022.
- National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Myeloproliferative Neoplasms. Version 2.2022 – April 13, 2022. <a href="mailto:mpn.pdf">mpn.pdf</a> (nccn.org). Accessed April 22, 2022.
- National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Hematopoietic Cell Transplantation (HCT). Version 1.2022 – April 1, 2022. <a href="https://hct.pdf">hct.pdf</a> (nccn.org). Accessed April 22, 2022.

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