PROVINCIAL FUNDING SUMMARY

Ruxolitinib (Jakavi) for Myelofibrosis

pERC Recommendation: Recommends with condition on the cost-effectiveness being improved to an acceptable level

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: January 29, 2013

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Note: Funding criteria as listed on the decision date. Please refer to the provincial drug programs for the most recent funding criteria and program eligibility.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
BC	Funded	Nov 1, 2013	Primary myelofibrosis, post-essential thrombocythemia myelofibrosis and post polysythemia vera myelofibrosis; DIPSS score Intermediate-1, intermediate-2 or high risk, OR low risk with symptomatic splenomegaly; a BCCA Compassionate Access Program request must be approved.
AB	Funded	Oct 31, 2013	For patients with intermediate to high risk symptomatic myelofibrosis (MF) as assessed using the Dynamic International Prognostic Scoring system (DIPSS) Plus or patients with symptomatick splenomegaly. Patients whose ECOG performance status ≤ 3 and be either previously untreated or refractory to other treatment
SK	Funded	Nov 25, 2013	For the treatment of patients with intermediate to high-risk symptomatic myelofibrosis (MF), including primary MF, post-polycythemia vera MF and post-essential thrombocythemia MF, as assessed using the Dynamic International Prognostic Scoring System-Plus (DIPSS-Plus) or symptomatic splenomegaly who have an ECOG performance status of ≤ 3 and who are either untreated or refractory to previous therapies.
MB	Funded	Apr 16, 2014	For patients with intermediate to high risk Myleofibrosis (MF)as assessed using the Dynamic International Prognostic Scoring System (DIPSS)Plus or patients with symptomatic splenomegaly. Patients should have ECOG performance status ≤3 and be either previously untreated or refactory to other treatment.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
ON	Funded	Sept 20, 2013	For the treatment of patients with intermediate to high risk symptomatic myelofibrosis or patients with symptomatic splenomegaly according to the following criteria: Initial criteria: For patients with intermediate to high risk symptomatic Myelofibrosis (MF) as assessed using the Dynamic International Prognostic Scoring System (DIPSS) Plus; or patients with symptomatic splenomegaly; and the Patient has an ECOG performance status ≤3 and is either previously untreated or refractory to other treatment. Renewal criteria: 1) Initial renewal criteria: Confirmation that the patient has had either a reduction in spleen size or documented improvement in disease symptoms, within 6 months of initiating therapy with Jakavi 2) Subsequent renewal criteria: Confirmation that the patient continues to benefit from therapy with Jakavi.
NS	Funded	Oct 1, 2014	As a single agent in patients with intermediate or high risk symptomatic myelofibrosis (using the Dynamic International Prognostic Scoring System (DIPSS) Plus or symptomatic splenomegaly) with an ECOG performance status (PS) ≤ 3 as first line therapy or refractory to other treatments. Ongoing monitoring and follow up of therapy will be required.
NB	Funded	Dec 19, 2013	For patients with intermediate to high risk symptomatic Myelofibrosis (MF) as assessed using the Dynamic International Prognostic Scoring System (DIPSS) Plus or patients with symptomatic splenomegaly. Patients should have ECOG performance status ≤3 and be either previously untreated or refractory to other treatment.
NL	Funded	Jan 15, 2014	For patients with intermediate to high risk symptomatic Myelofibrosis (MF) as assessed using the Dynamic International Prognostic Scoring System (DIPSS) Plus or patients with symptomatic splenomegaly. Patients should have ECOG performance status ≤3 and be either previously untreated or refractory to other treatment. Approval Period: 6 months Recommended Dose: 5 to 25 mg twice daily Renewals will be considered for patients who are responding and benefiting from treatment.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
PEI	Under provincial consideration*		

**Under provincial consideration* means that the province is reviewing pCODR's recommendation. This may include the province working with the drug manufacturer to reach an agreement for a drug product that both parties can accept, in particular in cases where the pCODR Expert Review Committee has recommended that the drug be funded only on the condition of cost-effectiveness being improved to an acceptable level. This may occur before or after the pan-Canadian Pricing Alliance negotiations. Please contact the specific provincial drug program and/or cancer agency in your province for information about the status of a given drug product.