Individualized dosing for Jakafi® (ruxolitinib)

Indications and Usage

Polycythemia vera
Jakafi is indicated for treatment of patients with polycythemia vera who have had an inadequate response to or are intolerant of hydroxyurea.

Myelofibrosis
Jakafi is indicated for treatment of patients with intermediate or high-risk myelofibrosis, including primary myelofibrosis, post–polycythemia vera myelofibrosis and post–essential thrombocythemia myelofibrosis.

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

FOR HEALTHCARE PROFESSIONALS ONLY

Jakafi®
ruxolitinib (tablets)

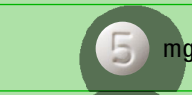
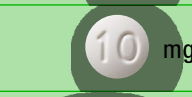
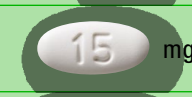
About Jakafi® (ruxolitinib)

Description

- Jakafi, a kinase inhibitor, inhibits Janus-associated kinases 1 and 2 (JAK1 and JAK2)
- Jakafi is dosed orally and can be administered with or without food
- Jakafi tablets are available as follows:

- If a dose is missed, patients should take the next usual prescribed dose, not an additional dose
- When discontinuing therapy with Jakafi for reasons other than thrombocytopenia, consider gradual tapering of the dose of Jakafi. For example, the dose may be tapered by 5 mg twice daily each week

How Jakafi Is Supplied

Strength	Description	Tablets Per Bottle
 5 mg	Round tablet with “INCY” on one side and “5” on the other	60
 10 mg	Round tablet with “INCY” on one side and “10” on the other	60
 15 mg	Oval tablet with “INCY” on one side and “15” on the other	60
 20 mg	Capsule-shaped tablet with “INCY” on one side and “20” on the other	60
 25 mg	Oval tablet with “INCY” on one side and “25” on the other	60

Tablets shown not actual size.

- For information about administering Jakafi to patients who are unable to ingest tablets, please see the Full Prescribing Information

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

Jakafi® ruxolitinib (tablets)

Starting dose in polycythemia vera

Jakafi® (ruxolitinib) is indicated for treatment of patients with polycythemia vera who have had an inadequate response to or are intolerant of hydroxyurea.

The recommended starting dose of Jakafi is 10 mg orally twice daily

Recommended Starting Dose of Jakafi	
10 mg twice daily	Standard starting dose

- For dosing information in patients with renal or hepatic impairment or information on drug interactions, please see Special Populations tab

Dose modification guidelines in polycythemia vera

- A complete blood count (CBC) and platelet count must be performed before initiating therapy with Jakafi, every 2 to 4 weeks until doses are stabilized and then as clinically indicated
- Dose reductions should be considered for hemoglobin and platelet count decreases as shown in the table below

Hemoglobin and/or Platelet Count	Dosing Recommendations
Hb ≥12 g/dL **and** platelet count ≥100 × 10^9/L	• No change required
Hb 10 to <12 g/dL **and** platelet count 75 to <100 × 10^9/L	• Dose reductions should be considered, with the goal of avoiding dose interruptions for anemia and thrombocytopenia
Hb 8 to <10 g/dL **or** platelet count 50 to <75 × 10^9/L	• Reduce dose by 5 mg twice daily • For patients on 5 mg twice daily, decrease the dose to 5 mg once daily
Hb <8 g/dL **or** platelet count <50 × 10^9/L	• Interrupt dosing

Hb, hemoglobin.

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

Jakafi® ruxolitinib (tablets)

Treatment interruption and restarting dosing in polycythemia vera

- Interrupt treatment for hemoglobin <8 g/dL, platelet counts <50 × 10^9/L, or absolute neutrophil count (ANC) <1 × 10^9/L
- After recovery of hematologic parameter(s) to acceptable levels, dosing may be restarted as shown in the table below

Polycythemia vera: Restarting doses of Jakafi® (ruxolitinib) after safety interruption for hematologic parameter(s)

- Use the **most severe category** of patients' hemoglobin, platelet count, or ANC abnormality to determine the corresponding maximum restarting dose

Hemoglobin, Platelet Count, or ANC	Dosing Recommendations
Hb <8 g/dL **or** platelet count <50 × 10^9/L **or** ANC <1 × 10^9/L	• Continue hold
Hb 8 to <10 g/dL **or** platelet count 50 to <75 × 10^9/L **or** ANC 1 to <1.5 × 10^9/L	• 5 mg twice daily[a] or no more than 5 mg twice daily less than the dose that resulted in dose interruption
Hb 10 to <12 g/dL **or** platelet count 75 to <100 × 10^9/L **or** ANC 1.5 to <2 × 10^9/L	• 10 mg twice daily[a] or no more than 5 mg twice daily less than the dose that resulted in dose interruption
Hb ≥12 g/dL **or** platelet count ≥100 × 10^9/L **or** ANC ≥2 × 10^9/L	• 15 mg twice daily[a] or no more than 5 mg twice daily less than the dose that resulted in dose interruption

ANC, absolute neutrophil count; Hb, hemoglobin.

[a] Continue treatment for at least 2 weeks; if stable, dose may be increased by 5 mg twice daily.

- Patients who had required dose interruption while receiving a dose of 5 mg twice daily may restart at a dose of 5 mg twice daily or 5 mg once daily—but not higher—once hemoglobin is ≥10 g/dL, platelet count is ≥75 × 10^9/L, and ANC is ≥1.5 × 10^9/L

Dose management after restarting treatment in polycythemia vera

- After restarting Jakafi following treatment interruption, doses may be titrated, but the maximum total daily dose should not exceed 5 mg less than the dose that resulted in the dose interruption. An exception to this is dose interruption following phlebotomy-associated anemia, in which case the maximal total daily dose allowed after restarting Jakafi would not be limited

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

Jakafi® ruxolitinib (tablets)

Dose modifications based on insufficient response for patients with polycythemia vera

- If the response is insufficient and platelet, hemoglobin, and neutrophil counts are adequate, doses may be increased in 5-mg-twice-daily increments to a maximum of 25 mg twice daily. Doses should not be increased during the first 4 weeks of therapy and not more frequently than every 2 weeks

Consider dose increases in patients who meet all of these criteria:

1. Inadequate efficacy as demonstrated by one or more of the following:
   - Continued need for phlebotomy
   - White blood cell count greater than the upper limit of normal (ULN) range
   - Platelet count greater than the ULN range
   - Palpable spleen that is reduced <25% from baseline
2. Platelet count ≥140 × 10^9/L
3. Hemoglobin ≥12 g/dL
4. ANC ≥1.5 × 10^9/L

Concomitant use with strong CYP3A4 inhibitors or fluconazole

- Modify the dose of Jakafi® (ruxolitinib) when given concomitantly with strong CYP3A4 inhibitors or fluconazole doses of less than or equal to 200 mg. Please refer to the Special Populations tab in this guide for more detailed information

Dosing in patients with renal or hepatic impairment

- Modify the dose of Jakafi accordingly in patients with moderate or severe renal impairment, patients with hepatic impairment, and patients on dialysis. Please refer to the Special Populations tab in this guide for more detailed information

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

Jakafi® ruxolitinib (tablets)

Dosing for patients with myelofibrosis

Jakafi® (ruxolitinib) is indicated for treatment of patients with intermediate or high-risk myelofibrosis, including primary myelofibrosis, post–polycythemia vera myelofibrosis and post–essential thrombocythemia myelofibrosis.

The recommended starting dose of Jakafi is based on platelet count

Recommended Starting Doses of Jakafi	
5 mg twice daily	Starting dose for patients with platelet counts 50 to <100 × 10^9/L
15 mg twice daily	Starting dose for patients with platelet counts 100 to 200 × 10^9/L
20 mg twice daily	Starting dose for patients with platelet counts >200 × 10^9/L

- A CBC and platelet count must be performed before initiating therapy, every 2 to 4 weeks until doses are stabilized, and then as clinically indicated. Doses may be titrated based on safety and efficacy
- For dosing information in patients with renal or hepatic impairment or information on drug interactions, please see Special Populations tab

Dose modification for bleeding

- Interrupt treatment for bleeding requiring intervention regardless of current platelet count. Once the bleeding event has resolved, consider resuming treatment at the prior dose if the underlying cause of bleeding has been controlled. If the bleeding event has resolved but the underlying cause persists, consider resuming treatment with Jakafi at a lower dose

Dose modification for hematologic toxicity in myelofibrosis: Starting platelet count ≥100 × 10^9/L

Treatment interruption and restarting dosing

- Interrupt treatment for platelet counts <50 × 10^9/L or ANC <0.5 × 10^9/L
- After recovery of platelet counts >50 × 10^9/L and ANC >0.75 × 10^9/L, dosing may be restarted
- The maximum allowable dose that may be used in restarting Jakafi after a previous interruption is as shown on the following page

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

Jakafi® ruxolitinib (tablets)

Dose modification for hematologic toxicity in myelofibrosis: Starting platelet count ≥100 × 10^9/L (continued)

Myelofibrosis: Maximum restarting doses for Jakafi® (ruxolitinib) after safety interruption for thrombocytopenia in patients starting treatment with a platelet count of ≥100 × 10^9/L

Current Platelet Count	Maximum Dose When Restarting Treatment With Jakafi[a]
≥125 × 10^9/L	20 mg twice daily
100 to <125 × 10^9/L	15 mg twice daily
75 to <100 × 10^9/L	10 mg twice daily for at least 2 weeks; if stable, may increase to 15 mg twice daily
50 to <75 × 10^9/L	5 mg twice daily for at least 2 weeks; if stable, may increase to 10 mg twice daily
<50 × 10^9/L	Continue hold

[a] Maximum doses are displayed. When restarting, begin with a dose at least 5 mg twice daily below the dose at interruption.

- Following treatment interruption for ANC <0.5 × 10^9/L, after ANC recovers to ≥0.75 × 10^9/L, restart dosing at the higher of 5 mg once daily or 5 mg twice daily below the largest dose in the week prior to the treatment interruption

Dose reductions

- Dose reductions should be considered if the platelet counts decrease as shown in the table below, with the goal of avoiding dose interruptions for thrombocytopenia

Myelofibrosis: Dosing recommendations for thrombocytopenia in patients starting treatment with a platelet count of ≥100 × 10^9/L

Platelet Count	Dose at Time of Platelet Decline				
	25 mg Twice Daily	20 mg Twice Daily	15 mg Twice Daily	10 mg Twice Daily	5 mg Twice Daily
	New Dose	New Dose	New Dose	New Dose	New Dose
100 to <125 × 10^9/L	20 mg twice daily	15 mg twice daily	No change	No change	No change
75 to <100 × 10^9/L	10 mg twice daily	10 mg twice daily	10 mg twice daily	No change	No change
50 to <75 × 10^9/L	5 mg twice daily	5 mg twice daily	5 mg twice daily	5 mg twice daily	No change
<50 × 10^9/L	Hold	Hold	Hold	Hold	Hold

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

Jakafi® ruxolitinib (tablets)

Dose modification for insufficient response in myelofibrosis: Starting platelet count ≥100 × 10^9/L

- If the response is insufficient and platelet and neutrophil counts are adequate, doses may be increased in 5-mg-twice-daily increments to a maximum of 25 mg twice daily
- Doses should not be increased during the first 4 weeks of therapy and not more frequently than every 2 weeks
- Consider dose increases in patients who meet all of the following conditions:
  - Failure to achieve a reduction from pre-treatment baseline in either palpable spleen length of 50% or spleen volume of 35% as measured by computed tomography or magnetic resonance imaging, **and**
  - Platelet count >125 × 10^9/L at 4 weeks and platelet count never <100 x 10^9/L, **and**
  - ANC levels >0.75 × 10^9/L
- Based on limited clinical data, long-term maintenance at a 5-mg-twice-daily dose has not shown responses, and continued use at this dose should be limited to patients in whom the benefits outweigh the potential risks. Discontinue Jakafi® (ruxolitinib) if there is no spleen size reduction or symptom improvement after 6 months of therapy

Dose modification for hematologic toxicity in myelofibrosis: Starting platelet count 50 to <100 × 10^9/L

Treatment interruption and restarting dosing

- Interrupt treatment for platelet counts <25 × 10^9/L or ANC <0.5 × 10^9/L
- Dosing may be restarted after recovery of platelet counts >35 × 10^9/L and ANC >0.75 × 10^9/L
- Restart dosing at the higher of:
  - 5 mg once daily **or**
  - 5 mg twice daily below the largest dose in the week prior to the decrease in platelet count <25 × 10^9/L or ANC <0.5 × 10^9/L that led to dose interruption

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

Jakafi® ruxolitinib (tablets)

Dose modification for hematologic toxicity in myelofibrosis: Starting platelet count 50 to <100 × 10^9/L (continued)

Dose reductions

- Reduce the dose of ruxolitinib for platelet counts <35 × 10^9/L as shown in the table below

Myelofibrosis: Dosing modifications for thrombocytopenia in patients with starting platelet count of 50 to <100 × 10^9/L

Platelet Count	Dosing Recommendations
<25 × 10^9/L	• Interrupt dosing
25 to <35 × 10^9/L **and** the platelet count decline is <20% during the prior 4 weeks	• Decrease dose by 5 mg once daily • For patients on 5 mg once daily, maintain dose at 5 mg once daily
25 to <35 × 10^9/L **and** the platelet count decline is ≥20% during the prior 4 weeks	• Decrease dose by 5 mg twice daily • For patients on 5 mg twice daily, decrease the dose to 5 mg once daily • For patients on 5 mg once daily, maintain dose at 5 mg once daily

Dose modification for insufficient response in myelofibrosis: Starting platelet count 50 to <100 × 10^9/L

- Do not increase doses during the first 4 weeks of therapy, and do not increase the dose more frequently than every 2 weeks
- If the response is insufficient, doses may be increased by increments of 5 mg daily to a maximum of 10 mg twice daily if:
  - The platelet count has remained ≥40 × 10^9/L, **and**
  - The platelet count has not decreased by >20% in the prior 4 weeks, **and**
  - The ANC is >1 × 10^9/L, **and**
  - The dose has not been reduced or interrupted for an adverse event or hematologic toxicity in the prior 4 weeks
- Continuation of treatment for more than 6 months should be limited to patients in whom the benefits outweigh the potential risks
- Discontinue Jakafi® (ruxolitinib) if there is no spleen size reduction or symptom improvement after 6 months of therapy

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

Jakafi® ruxolitinib (tablets)

Special populations: Concomitant use with strong CYP3A4 inhibitors or fluconazole

- Modify the dose of Jakafi® (ruxolitinib) when given concomitantly with strong CYP3A4 inhibitors (such as but not limited to boceprevir, clarithromycin, conivaptan, grapefruit juice, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole) and fluconazole doses of ≤200 mg as shown in the table below

Patients on Concomitant Strong CYP3A4 Inhibitors or Fluconazole Doses of ≤200 mg	Recommended Dose Modification
Starting dose for patients with MF with a platelet count:	
≥100 × 10^9/L	10 mg twice daily
50 to <100 × 10^9/L	5 mg once daily

MF, myelofibrosis.

Patients on Concomitant Strong CYP3A4 Inhibitors or Fluconazole Doses of ≤200 mg	Recommended Dose Modification
Starting dose for patients with PV	5 mg twice daily
All patients on a stable dose of:	
≥10 mg twice daily	Decrease dose by 50% (round up to the closest available tablet strength)
5 mg twice daily	5 mg once daily
5 mg once daily	Avoid strong CYP3A4 inhibitor or fluconazole treatment, or interrupt treatment with Jakafi for the duration of strong CYP3A4 inhibitor or fluconazole use

PV, polycythemia vera.

- Avoid the use of fluconazole doses of >200 mg daily concomitantly with Jakafi
- Additional dose modifications should be made with careful monitoring of safety and efficacy

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

Jakafi® ruxolitinib (tablets)

Dose modifications in patients with renal or hepatic impairment

Dosing for renal and hepatic impairment

Renal Impairment Status/ Hepatic Impairment Status	Platelet Count	Recommended Starting Dosage
Patients with MF:		
Renal impairment: Moderate (CrCl 30-59 mL/min) or severe (CrCl 15-29 mL/min) **or** **Hepatic impairment:** Mild, moderate, or severe (Child-Pugh categories A, B, C)	>150 × 10^9/L	No dose modification needed
	100 to 150 × 10^9/L	10 mg twice daily
	50 to <100 × 10^9/L	5 mg once daily
	<50 × 10^9/L	Avoid use
Patients with PV:		
Renal impairment: Moderate (CrCl 30-59 mL/min) or severe (CrCl 15-29 mL/min) **or** **Hepatic impairment:** Mild, moderate, or severe (Child-Pugh categories A, B, C)	Any	5 mg twice daily

CrCl, creatinine clearance; MF, myelofibrosis; PV, polycythemia vera.

Patients on dialysis

- The recommended starting dose in patients with myelofibrosis who have end-stage renal disease and are on dialysis is:
  - 15 mg once after a dialysis session in those with a platelet count between 100 × 10^9/L and 200 × 10^9/L **or**
  - 20 mg in those with a platelet count of >200 × 10^9/L
- The recommended starting dose in patients with polycythemia vera who have end-stage renal disease and are on dialysis is 10 mg
- Additional dose modifications should be made with frequent monitoring of safety and efficacy
- Avoid use of Jakafi® (ruxolitinib) in patients with end-stage renal disease (creatinine clearance, <15 mL/min) not requiring dialysis

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

Jakafi® ruxolitinib (tablets)

Thrombocytopenia and anemia: What to expect with Jakafi® (ruxolitinib)—data from clinical trials in myelofibrosis

Cytopenias are expected dose-related effects due to JAK2 inhibition[1,2]

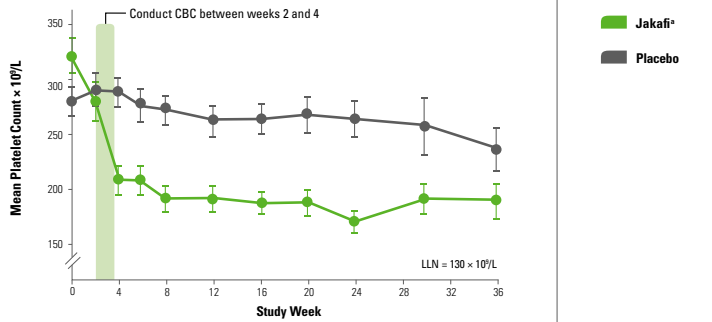
- Anemia and thrombocytopenia may occur with JAK2 inhibition because erythropoietin and thrombopoietin signal through JAK2[2,3]
- Cytopenias may not be signs of worsening disease

Thrombocytopenia and anemia were the most common adverse reactions in COMFORT-I[3]*

- During the first 24 weeks, incidence of grade 3 and 4 anemia and thrombocytopenia was 45% and 13%, respectively; however, discontinuations for these events were rare—they occurred in <1% of patients[3]
  - Overall discontinuation rate for adverse events, regardless of causality, was 11% for Jakafi vs 10.6% for placebo[3,4]
  - CBC values, including platelet counts, were closely monitored as part of the trial, and dose modifications were made as necessary based on platelet counts[1,4]
- Thrombocytopenia was usually managed by reducing the dose or temporarily withholding Jakafi. Platelet transfusions may be necessary[3]

* COMFORT-I (COntrolled MyeloFibrosis study with ORal JAK inhibitor Treatment-I) was a randomized, double-blind, placebo-controlled phase 3 study with 309 total patients with intermediate-2–risk or high-risk myelofibrosis. The primary end point was the proportion of subjects achieving a ≥35% reduction in spleen volume from baseline at week 24 as measured by CT or MRI. A secondary end point was the proportion of subjects with a ≥50% reduction in Total Symptom Score from baseline to week 24 as measured by the daily patient diary, the modified Myelofibrosis Symptom Assessment Form.[3,4]

COMFORT-I: Mean Platelet Levels Over Time[1]



CBC, complete blood count; LLN, lower limit of normal.

[a] Protocol-mandated dose modifications occurred based on platelet count.

In patients with cytopenias, consider dose reductions, temporarily withholding Jakafi, or transfusions as clinically indicated[3]

Monitor CBCs during treatment, beginning as early as weeks 2 to 4[3]

- Initial reductions in hemoglobin and platelets can occur in as early as 2 to 4 weeks[1]
- Dosing may need to be modified to avoid dose interruption, with the goal of achieving clinical benefit[1]

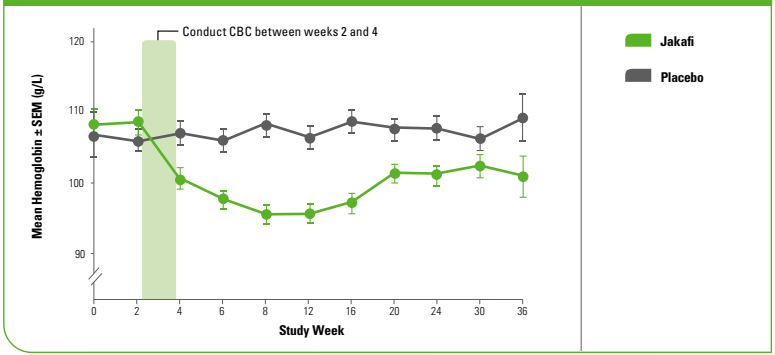
Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

References: 1. Data on file. Incyte Corporation. Wilmington, DE. **2.** Vainchenker W, Dusa A, Constantinescu SN. JAKs in pathology: role of Janus kinases in hematopoietic malignancies and immunodeficiencies. *Semin Cell Dev Biol.* 2008;19(4):385-393. **3.** Jakafi Prescribing Information. Wilmington, DE: Incyte Corporation. **4.** Verstovsek S, Mesa RA, Gotlib J, et al. A double-blind, placebo-controlled trial of ruxolitinib for myelofibrosis. *N Engl J Med.* 2012;366(9):799-807.

Jakafi® ruxolitinib (tablets)

COMFORT-I: Hemoglobin levels and red blood cell transfusion throughout study—data in patients with myelofibrosis

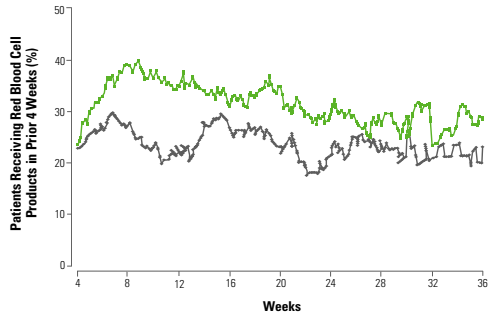
COMFORT-I: Mean Hemoglobin Levels Over Time[1,2]



CBC, complete blood count; SEM, standard error of the mean.

- Mean decreases in hemoglobin levels reached a nadir of approximately 1.5 g/dL to 2 g/dL below baseline after 8 to 12 weeks of therapy and then gradually recovered to a new steady state that was approximately 1 g/dL below baseline[3]
- Dose modifications of Jakafi® (ruxolitinib) and/or blood transfusions for patients developing anemia may be required[3]

COMFORT-I: Patients Requiring Red Blood Cell Transfusions[2]



- In this randomized, placebo-controlled study, 60% of patients treated with Jakafi and 38% of patients receiving placebo required red blood cell transfusions during randomized treatment[3]
- Patients with new-onset grade 3 or 4 anemia treated with Jakafi experienced reductions in spleen volume and improvements in symptoms that were similar to those in patients without anemia who were treated with Jakafi[1,2]

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

References: 1. Verstovsek S, Mesa RA, Gotlib J, et al. A double-blind, placebo-controlled trial of ruxolitinib for myelofibrosis. *N Engl J Med*. 2012;366(9):799-807. **2.** Verstovsek S, Mesa RA, Gotlib J, et al. A double-blind, placebo-controlled trial of ruxolitinib for myelofibrosis. *N Engl J Med*. 2012;366(9)(suppl):1-38. **3.** Jakafi Prescribing Information. Wilmington, DE: Incyte Corporation.

Jakafi® ruxolitinib (tablets)

Important Safety Information

- Treatment with Jakafi® (ruxolitinib) can cause thrombocytopenia, anemia and neutropenia, which are each dose-related effects. Perform a pre-treatment complete blood count (CBC) and monitor CBCs every 2 to 4 weeks until doses are stabilized, and then as clinically indicated
- Manage thrombocytopenia by reducing the dose or temporarily interrupting Jakafi. Platelet transfusions may be necessary
- Patients developing anemia may require blood transfusions and/or dose modifications of Jakafi
- Severe neutropenia (ANC $<0.5 \times 10^9$/L) was generally reversible by withholding Jakafi until recovery
- Serious bacterial, mycobacterial, fungal and viral infections have occurred. Delay starting Jakafi until active serious infections have resolved. Observe patients receiving Jakafi for signs and symptoms of infection and manage promptly
- Tuberculosis (TB) infection has been reported. Observe patients taking Jakafi for signs and symptoms of active TB and manage promptly. Prior to initiating Jakafi, evaluate patients for TB risk factors and test those at higher risk for latent infection. Consult a physician with expertise in the treatment of TB before starting Jakafi in patients with evidence of active or latent TB. Continuation of Jakafi during treatment of active TB should be based on the overall risk-benefit determination
- Progressive multifocal leukoencephalopathy (PML) has occurred with Jakafi treatment. If PML is suspected, stop Jakafi and evaluate
- Advise patients about early signs and symptoms of herpes zoster and to seek early treatment
- Increases in hepatitis B viral load with or without associated elevations in alanine aminotransferase and aspartate aminotransferase have been reported in patients with chronic hepatitis B virus (HBV) infections. Monitor and treat patients with chronic HBV infection according to clinical guidelines

- When discontinuing Jakafi, myeloproliferative neoplasm-related symptoms may return within one week. After discontinuation, some patients with myelofibrosis have experienced fever, respiratory distress, hypotension, DIC, or multi-organ failure. If any of these occur after discontinuation or while tapering Jakafi, evaluate and treat any intercurrent illness and consider restarting or increasing the dose of Jakafi. Instruct patients not to interrupt or discontinue Jakafi without consulting their physician. When discontinuing or interrupting Jakafi for reasons other than thrombocytopenia or neutropenia, consider gradual tapering rather than abrupt discontinuation
- Non-melanoma skin cancers including basal cell, squamous cell, and Merkel cell carcinoma have occurred. Perform periodic skin examinations
- Treatment with Jakafi has been associated with increases in total cholesterol, low-density lipoprotein cholesterol, and triglycerides. Assess lipid parameters 8-12 weeks after initiating Jakafi. Monitor and treat according to clinical guidelines for the management of hyperlipidemia
- The three most frequent non-hematologic adverse reactions (incidence >10%) were bruising, dizziness and headache
- A dose modification is recommended when administering Jakafi with strong CYP3A4 inhibitors or fluconazole or in patients with renal or hepatic impairment. Patients should be closely monitored and the dose titrated based on safety and efficacy
- Use of Jakafi during pregnancy is not recommended and should only be used if the potential benefit justifies the potential risk to the fetus. Women taking Jakafi should not breastfeed during treatment and for two weeks after the final dose

Please see accompanying Full Prescribing Information for Jakafi.

Jakafi® ruxolitinib (tablets)

Dosing for Jakafi® (ruxolitinib): Start, monitor, optimize

START	**Polycythemia vera: Starting dose of 10 mg twice daily** **Myelofibrosis: Starting doses are based on platelet counts**
MONITOR	**A complete blood count and platelet count must be performed before initiating Jakafi, every 2 to 4 weeks until doses are stabilized and then as clinically indicated**
OPTIMIZE	**Individualize dosing of Jakafi to optimize balance between safety and efficacy**

Please refer to the Full Prescribing Information for special dosing considerations in patients with renal or hepatic impairment and those taking concomitant strong CYP3A4 inhibitors or fluconazole.

Please see Important Safety Information within the Safety tab and accompanying Full Prescribing Information.

Jakafi.com/HCP

Reference: Jakafi Prescribing Information. Wilmington, DE: Incyte Corporation.

Jakafi® ruxolitinib (tablets)