Reference number(s)
5258-A

Specialty Guideline Management
Vonjo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Vonjo	pacritinib

Indications

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.

FDA-approved Indication[1]

Vonjo is indicated for the treatment of adults with intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF) with a platelet count below 50 × 10^9/L.

Compendial Uses[2]

- Symptomatic low-risk MF with a platelet count <50 × 10^9/L
- Symptomatic high-risk MF
- MF-associated anemia
- Accelerated phase or blast phase myeloproliferative neoplasms

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

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Documentation

Submission of the following information is necessary to initiate the prior authorization review: pretreatment platelet count, where applicable.

Coverage Criteria

Myelofibrosis, Myelofibrosis-associated anemia or Myeloproliferative neoplasms[1,2]

Authorization of 12 months may be granted for the treatment myelofibrosis, myelofibrosis-associated anemia or myeloproliferative neoplasms when any of the following criteria are met:

- Member has a platelet count of $<50 \times 10^9$/L and any of the following:
  - Symptomatic low-risk MF
  - Intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) MF
- Member has high-risk MF and symptomatic disease (e.g., splenomegaly and other disease-related symptoms)
- Member has MF-associated anemia with symptomatic splenomegaly and/or constitutional symptoms (e.g., fatigue, night sweats, fever, weight loss)
- Member has symptomatic accelerated phase or blast phase myeloproliferative neoplasms and the requested agent will be used as a single agent or in combination with azacitidine or decitabine

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the Coverage Criteria section when there is no evidence of unacceptable toxicity and there has been an improvement in symptoms while on the current regimen.

References

1. Vonjo [package insert]. Seattle, WA: CTI BioPharma Corp.; November 2024.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed January 7, 2025.