BlueCross BlueShield
Federal Employee Program

VONJO
(pacritinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Primary myelofibrosis
2. Secondary myelofibrosis
3. Post-polycythemia vera myelofibrosis
4. Post-essential thrombocythemia myelofibrosis

AND ALL of the following:

a. Patient is considered intermediate risk or high-risk
b. Platelet count < 50 x 10^9/L
c. Prescriber agrees to perform a CBC, coagulation testing, and a baseline ECG prior to starting Vonjo
d. Prescriber agrees to counsel patient to discontinue Vonjo 7 days prior to elective surgery due to the risk of hemorrhage

Prior - Approval Limits

Quantity 360 capsules per 90 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Primary myelofibrosis
2. Secondary myelofibrosis
3. Post-polycythemia vera myelofibrosis

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4. Post-essential thrombocythemia myelofibrosis

AND ALL of the following:

a. Patient has had symptomatic improvement
b. Platelet count < 50 x 10^9/L
c. Prescriber agrees to counsel patient to discontinue Vonjo 7 days prior to elective surgery due to the risk of hemorrhage

Prior - Approval *Renewal* Limits

Same as above