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]

- Accelerated/blast phase myeloproliferative neoplasms
- Myelofibrosis (MF)-associated anemia
- Myeloid/lymphoid neoplasms with eosinophilia
- Symptomatic high-risk MF
- Symptomatic lower-risk MF with a platelet count <50 × 10^9/L

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.
- Testing or analysis confirming JAK2 rearrangement, where applicable.

Coverage Criteria

Myelofibrosis, Myelofibrosis-Associated Anemia, and Accelerated/Blast Phase Myeloproliferative Neoplasms[1,2]

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

- Member has a platelet count of <50 × 10^9/L and any of the following:
  - Symptomatic lower-risk MF.
  - Intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) MF.
- Member has higher-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/blast phase myeloproliferative neoplasms and the requested agent will be used as a single agent or in combination with azacitidine or decitabine.

Myeloid/Lymphoid Neoplasms with Eosinophilia[2]

Authorization of 12 months may be granted for the treatment of myeloid and/or lymphoid neoplasms with eosinophilia and JAK2 rearrangment in blast or chronic phase, if ruxolitinib (Jakafi) is unavailable or member has experienced intolerance with ruxolitinib (Jakafi).

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Continuation of Therapy

Myelofibrosis, Myelofibrosis-Associated Anemia, and Accelerated/Blast Phase Myeloproliferative Neoplasms

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization who have improvement in symptoms and no unacceptable toxicity.

Myeloid/Lymphoid Neoplasms with Eosinophilia

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Vonjo [package insert]. Waltham, MA: Sobi Inc.; October 2025.
2. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed January 13, 2026.