VONJO (pacritinib)

I. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

1. Pretreatment platelet count
2. Associated symptoms of disease (e.g., splenomegaly)
3. Previous treatment history

II. CRITERIA FOR INITIAL APPROVAL

Myelofibrosis, Myelofibrosis-associated anemia or Myeloproliferative neoplasms
Authorization of 3 months may be granted for the treatment myelofibrosis/acute myeloid leukemia when any of the following criteria are met:

1. Member has a platelet count of $<50 \times 10^9$/L and any of the following:
   a. Symptomatic low-risk MF
   b. High-risk MF and is not a candidate for transplant
   c. Intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) MF
   d. MF-associated anemia with symptomatic splenomegaly
2. Member has a platelet count of $\geq 50 \times 10^9$/L, symptomatic disease (e.g., splenomegaly and other disease-related symptoms) and any of the following:
   a. High-risk MF, is not a candidate for transplant, and has failed one prior JAK inhibitor (e.g., ruxolitinib, fedratinib, or momelotinib)
   b. MF-associated anemia, is not a candidate for transplant, and has failed one prior JAK inhibitor (e.g., ruxolitinib; momelotinib)
3. Member has 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

III. CONTINUATION OF THERAPY

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity and there has been an improvement in symptoms while on the current regimen.