

# Vonjo (pacritinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Vonjo (pacritinib)	May be subject to quantity limit

## **APPROVAL CRITERIA**

Requests for Vonjo (pacritinib) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older (Label, NCCN 1, 2A);

### **AND**

- II. Individual has a diagnosis of intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis; **AND**
- III. Individual has a platelet count below  $50 \times 10^9/L$ ;

### **OR**

- IV. Individual has a diagnosis of myelofibrosis-associated anemia; **AND**
  - A. Individual with presence of symptomatic splenomegaly and/or symptoms;

### **OR**

- V. Individual has a diagnosis of Accelerated/Blast Phase Myeloproliferative Neoplasm; **AND**
- VI. Individual meets one of the following:
  - A. Is using Vonjo as a single agent for continued treatment to the start of conditioning therapy in transplant candidates for improvement of splenomegaly and other disease-related symptoms; **OR**
  - B. Is using Vonjo for palliative care of splenomegaly or other disease-related symptoms in combination with hypomethylating agents (azacitidine or decitabine).

Requests for Vonjo may not be approved for the following:

- I. Individual is using in combination with moderate or strong CYP3A4 inhibitors or inducers (e.g. clarithromycin, rifampin); **OR**
- II. Individuals with moderate (Child-Pugh B) or severe hepatic (Child-Pugh C) impairment; **OR**
- III. Individuals with an eGFR  $<30$  mL/min.

### **Key References:**

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Updated periodically.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2025 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 18, 2025.
5. Myeloproliferative Neoplasms. V2.2024. Revised August 8, 2024.
6. Vonjo (pacritinib) capsule [package insert]. Seattle, WA: CTI BioPharma. March 2022. Available at: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2022/208712s000lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/208712s000lbl.pdf).

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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