

**Generic Name:** Pacritinib

**Therapeutic Class or Brand Name:** Vonjo®

**Applicable Drugs (if Therapeutic Class):** Click or tap here to enter text.

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 8/29/2022

**Date Last Reviewed / Revised:** 8/29/2022

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through III are met)

- I. Documented diagnosis of the following condition AND must meet criteria listed under applicable diagnosis:
  - A. Intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis and criteria 1 and 2 are met:
    1. Documentation of thrombocytopenia (platelet count below  $50 \times 10^9/L$ ).
    2. Physician attestation stating that the patient is not a transplant candidate or that the patient does not wish to pursue allogenic hematopoietic cell transplant.
- II. Minimum age requirement: 18 years old.
- III. The prescribing physician is an oncologist or a hematologist.

## EXCLUSION CRITERIA

- Concomitant use of strong CYP3A4 inhibitors or inducers.

## OTHER CRITERIA

- N/A

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- Quantities of up to 120 tablets per 30 days.

## APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

## APPENDIX

N/A

## REFERENCES

1. Vonjo [package insert]. CTI BioPharma Corporation; Seattle, WA 98121; 2022.
2. Mascarenhas J, Hoffman R, Talpaz M, et al. Pacritinib vs best available therapy, including ruxolitinib, in patients with myelofibrosis: a randomized clinical trial. *JAMA Oncol.* 2018;4(5):652-659.
3. National Comprehensive Cancer Network (NCCN) Guidelines for Myeloproliferative Neoplasms Version 2.2022. Accessed 7/2/22.
4. <https://pricerx.medspan.com>. Accessed 7/2/22.

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.