

VONJO[®] (pacritinib) Prior Authorization Guide

To avoid a coverage determination delay for VONJO[®], please include the information below in your initial request for coverage.

Clinical Information

Please include copies of the patient's medical record/chart notes that provide the information below:

Diagnosis codes

(see www.cms.gov for more information)

- D75.81—Myelofibrosis
- D47.4—Osteomyelofibrosis
- D47.1—Chronic Myeloproliferative Disease*

* This is a broad diagnosis code so please also provide an additional myelofibrosis ICD-10 code and/or ensure that the chart has a documented myelofibrosis diagnosis when appropriate.

Previous or current treatment plan

- Medication name and dosage
- Reason for therapy discontinuation

Lab values

- Platelet count—within the past 30 days if possible
- Hemoglobin level

Clinical rationale for prescribing VONJO[®]

- Lack of response with other therapy options and/or disease progression
 - No/minimal decrease in spleen volume reduction
 - Lack of symptom control or increased severity (left rib pain, night sweats, itching, inactivity, abdominal discomfort, early satiety/feeling full, tiredness, fatigue, bone pain)
 - Decrease in platelet count and/or hemoglobin levels

OPTIONAL RESOURCES THAT YOU MAY WANT TO INCLUDE IN YOUR SUBMISSION TO JUSTIFY PACRITINIB (VONJO[®]) AS A THERAPY OPTION FOR YOUR PATIENT:

- [VONJO[®] Prescribing Information](#)
- [NCCN Clinical Practice Guidelines in Oncology \(NCCN Guidelines[®]\)](#)
- [PERSIST-2 data](#)
- [CTI Access[™] Sample Letter of Medical Necessity](#)

covermymeds[®]

Automated prior authorization (PA) assistance

We have partnered with CoverMyMeds[®] to simplify the PA and appeals process. If you have an existing CoverMyMeds[®] account, please follow the process you currently use. If you are interested in leveraging this tool, and you do not have an account, please learn more and create an account [here](#).

 **CTI Access**[™]

Additional assistance

If you need additional assistance, please contact CTI Access[™] at 1-888-CTI-FORU or via email at CTIaccess@rxallcare.com.

NCCN=National Comprehensive Cancer Network[®] (NCCN[®]).

Reference: 1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Myeloproliferative Neoplasms V.3.2022. © National Comprehensive Cancer Network, Inc 2022. All rights reserved. Accessed August 11, 2022. To view the most recent and complete version of the guidelines, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

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