

**pacritinib (VONJO)**

**Diagnosis Considered for Coverage:**

- Myelofibrosis

**Coverage Criteria:**

**For treatment of myelofibrosis:**

- One of the following:
  - Most recent platelet count is less than 50,000 cells/mcl, or
  - Patient is not a candidate for transplant, or
  - Splenomegaly and other disease-related symptoms (e.g., pruritus, night sweats, fatigue), or
  - No response or loss of response to one prior JAK inhibitor (Inrebic, Jakafi),**and**
- Not being used in combination with another agent for the treatment of myelofibrosis [hydroxyurea, interferon (Pegasys), JAK inhibitors (Inrebic, Jakafi)], **and**
- Dose does not exceed 400 mg per day.

**Coverage Duration:** one year

Effective Date: 5/31/2023