**[Physician Letter Head]**

**Note: This sample letter is provided as a courtesy and is not meant to be directive.**

**[Date]**

**[Payer Contact]**

**[Title/Pharmacy Director]**

**[Payer Company]**

**[Payer Address]**

**[City, State, ZIP]**

RE: Letter of Medical Necessity for VONJO® (pacritinib) capsules

Insured: **[First and Last Name]**

Patient: **[If Different From Insured]**

ID/Policy Number: **[Insured ID/Policy #]**

Group Number: **[Insured Group #]**

Patient Date of Birth: **[Patient Date of Birth]**

Dear **[Name of Payer Contact/Pharmacy Director]**:

I am writing on behalf of my patient, **[Patient Name]**, to document the medical necessity for treatment with VONJO. **[Patient Name]** is an adult who has **[Diagnosis]**. This letter outlines **[Patient Name]**’s medical history and treatment rationale.

**Summary of Patient’s History [Below are some points you may want to include regarding patient’s medical condition]:**

* **Patient’s diagnosis, condition, and medical history, including *ICD-10-CM* codes (per** [**www.cms.gov**](http://www.cms.gov)**), such as:**
	+ **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-CM* code and/or ensure that the chart has a documented myelofibrosis diagnosis when appropriate.

* **Relevant test results and lab values, such as:**
	+ **Platelet count(s) (within the past 30 days if possible)**
	+ **Hemoglobin level(s)**
* **Previous or current treatment plan including**
	+ **Medication name and dosage**
	+ **Dates and duration of therapy**
	+ **Reason for therapy discontinuation**
* **Clinical rationale for prescribing VONJO to include signs that the patient has had a lack of response to prior or current treatments and/or that the disease has progressed, such as:**
	+ **No/minimal decrease in spleen volume reduction**
	+ **Decrease in platelet count and/or hemoglobin levels**
	+ **Increased dependence on transfusions**
	+ **Lack of symptom control or increased severity (left rib pain, night sweats, itching, inactivity, abdominal discomfort, early satiety/feeling full, tiredness, fatigue, bone pain)**
* **Summary of your professional opinion of the patient’s likely prognosis or disease progression without VONJO treatment**

**Rationale for Treatment**

Given the patient’s history and condition, I believe treatment with VONJO is warranted, appropriate, and medically necessary.

The attached provides additional information on the VONJO product profile.

I confirm that I have reviewed the VONJO Prescribing Information and am aware of the Indication, the Important Safety Information, and how to prescribe VONJO.

Please call my office at **[Insert Telephone Number]** if I can provide you with any additional information. I look forward to receiving your timely response and approval of this claim.

Sincerely,

**[Insert Doctor Name and Participating Provider Number]**

**Resources that you may want to include to justify pacritinib (VONJO) as a therapy option for your patient:**

* + **VONJO** [**Prescribing Information**](https://www.ctibiopharma.com/VONJO_USPI.pdf)
	+ **NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)1 for Myeloproliferative Neoplasmsvia** [**NCCN.org**](https://www.nccn.org/professionals/physician_gls/pdf/mpn.pdf)
	+ [**PERSIST-2 data**](https://jamanetwork.com/journals/jamaoncology/fullarticle/2674384)

*ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification*; 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.1.2024. © National Comprehensive Cancer Network, Inc 2024. All rights reserved. Accessed July 1, 2024. 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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