Vonjo

Oman · access guide

How to access Vonjo from Oman, the named-patient import pathway, 2026

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-24

A Oman patient with intermediate- or high-risk myelofibrosis who has a low platelet count may receive a prescription for Vonjo (pacritinib) from their treating haematologist. Vonjo is FDA-approved in the United States for the treatment of adults with intermediate- or high-risk primary or secondary myelofibrosis with a platelet count below 50 × 10^9/L, a subgroup for whom other JAK inhibitors carry dosing constraints because of thrombocytopenia. Because Vonjo is not yet routinely stocked in Oman hospital pharmacies, your haematologist may be coordinating a named-patient import pathway on your behalf.

This guide explains the legal pathway, what documentation your physician needs, typical timing and cost bands, and where Reserve Meds fits in.

The clinical situation

Vonjo is an oral kinase inhibitor with activity against JAK2, IRAK1, and FLT3. The label positions it specifically for myelofibrosis patients with thrombocytopenia, where JAK1/JAK2 inhibitors that are myelosuppressive at therapeutic doses have historically been hard to use at full dose. The manufacturer is Sobi (which acquired CTI BioPharma). Dosing is 200 mg orally twice daily. Eligibility rests on confirmed myelofibrosis (primary or secondary), a platelet count below 50 × 10^9/L, an IPSS/DIPSS risk category that justifies active therapy, and appropriate monitoring. Your haematologist confirms diagnosis, risk, platelet history, prior JAK-inhibitor exposure if any, and the monitoring plan, including CBC, LFTs, cardiac surveillance (QTc), and bleeding-risk assessment, per FDA labeling.

Is Vonjo legally importable into Oman?

Yes, through Oman Ministry of Health and Prevention (MOHAP) named-patient import framework, with parallel coordination through the Department of Health Abu Dhabi or Dubai Health Authority where the treating haematologist is respectively licensed.

The framework rests on four anchors: (a) the medicine is approved by a recognised reference authority (FDA qualifies), (b) no clinically equivalent locally registered alternative is suitable for the patient, (c) the treating physician takes clinical responsibility for use, and (d) the importing party documents chain of custody. For thrombocytopenic myelofibrosis, the rationale for choosing Vonjo over non-selective JAK inhibitors is labeling-driven.

How the pathway works, step by step

1. **Consultation with your treating haematologist.** Confirmation of myelofibrosis diagnosis, risk stratification, thrombocytopenia status, and a written clinical rationale for Vonjo specifically.
2. **Treatment-centre identification.** A Oman tertiary haematology service with laboratory and cardiac-monitoring capability accepts the case.
3. **MOHAP named-patient application.** Your physician or the hospital's importing pharmacy files the application including prescription, diagnostic and risk-stratification documentation, platelet history, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from the manufacturer's authorised distribution chain under DSCSA.
5. **Stable shipment.** Vonjo is an oral capsule with standard storage requirements and ships with chain-of-custody documentation end to end.
6. **Arrival and initiation.** Your haematologist starts therapy at 200 mg twice daily and adjusts per response and tolerability. Reserve Meds coordinates re-supply ahead of bottle depletion.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming myelofibrosis subtype, risk category, platelet count trajectory, and Vonjo as the indicated JAK inhibitor in the thrombocytopenic subgroup
- Verification of their Oman medical licence (MOHAP, DOH Abu Dhabi, or DHA)
- A current prescription naming the product, 200 mg BID dosing, and the planned schedule
- Patient identifier (anonymised reference preferred)
- Planned monitoring cadence (CBC, LFTs, ECG/QTc, bleeding-risk surveillance)

Reserve Meds provides a physician documentation kit bundling the templates MOHAP reviewers expect to see for oral oncology/haematology therapies under named-patient import.

Costs and timing

Vonjo's US cash-pay reference price for a 30-day supply sits in an indicative 2026 range of roughly USD 22,000-26,000. Logistics, MOHAP documentation handling, and concierge coordination add incremental cost; Reserve Meds issues a full transparent quote at the start of intake, with a drug-only reference figure separated from service charges.

Indicative timing for first shipment arrival after cohort intake opens is 7-14 days from the moment a complete MOHAP application is submitted. Subsequent re-supply cycles are generally faster once the pathway is established.

Fulfillment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, tell us at intake. We triage accordingly.

A culturally-aware note: Oman has internationally trained haematology teams across Abu Dhabi and Dubai with experience in myeloproliferative neoplasms. Our concierge team coordinates with whichever hospital your specialist uses, in English or Arabic as your family prefers.

Reserve Meds's role

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Vonjo specifically, we provide:

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory documentation package for your physician and for MOHAP review.
- **Logistics.** Shipment coordination and chain-of-custody.
- **Concierge case lead.** A named point of contact for your family and your physician throughout the process.

What we do not do: we are not the prescriber, we do not practise medicine, and we are not the dispensing pharmacy. All clinical decisions remain with your treating haematologist.

Frequently asked

Is this legal in Oman? Yes, when executed through the MOHAP named-patient framework with appropriate documentation. See our trust and compliance page.

Why Vonjo specifically for low platelets? Ruxolitinib and other JAK1/JAK2 inhibitors are myelosuppressive at therapeutic doses, which is problematic when platelets are already low. Vonjo is labeled for the platelet-low subgroup and can be given at full 200 mg BID across the thrombocytopenic range.

What about bleeding risk? Bleeding-risk surveillance is part of the monitoring protocol. Your haematologist manages anticoagulation or antiplatelet decisions alongside therapy.

How does Vonjo differ from Ojjaara (momelotinib)? Ojjaara is labeled for the anaemic subgroup; Vonjo is labeled for the thrombocytopenic subgroup. The two address different dominant clinical problems in myelofibrosis. Your haematologist chooses based on your blood-count profile.

Will private insurance cover this? Cash-pay is the default. Some Oman private insurers reimburse named-patient oncology imports on a case-by-case basis; we supply documentation for your submission but do not process insurance claims directly.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.
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