**Generic Name:** momelotinib

**Therapeutic Class or Brand Name:** Ojjaara

**Applicable Drugs:** Ojjaara (momelotinib)

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 11/18/2024

**Date Last Reviewed / Revised:** N/A

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I-IV are met)

I. Documentation of one of the following diagnoses AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Documented diagnosis of myelofibrosis (MF) including primary myelofibrosis (PMF) or secondary MF (e.g., post-polycythemia vera [PV] or post-essential thrombocytopenia [ET]).

i. Documentation that the patient meets one of the following (a or b):

a. Intermediate or high-risk MF with documentation of all of the following (1, 2, 3, and 4):

1. Platelet count ≥ 50 x $10^9$/L.
2. Transplant ineligible or transplant not currently feasible.
3. Presence of symptomatic splenomegaly and/or constitutional symptoms (e.g., weight loss, night sweats, and fever).
4. Treatment failure, contraindication, or intolerance to Jakafi (ruxolitinib) and Inrebic (fedratinib).

b. MF-associated anemia and documentation of all of the following (1 and 2):

1. Hemoglobin (Hgb) < 10 g/dL.
2. Symptomatic splenomegaly and/or constitutional symptoms (e.g., weight loss, night sweats, and fever).

II. Minimum age requirement: ≥ 18 years old.

III. Treatment must be prescribed by or in consultation with a hematologist or oncologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

## Exclusion Criteria

- None.

## Other Criteria

- N/A

## Quantity / Days Supply Restrictions

- Thirty tablets/30 days.

## Approval Length

**Authorization:** 6 months
**Re-Authorization:** 6 months with documentation of positive response and lack of unacceptable toxicities while on therapy.

## Appendix

N/A

## References

1. Ojjaara. Prescribing information. GlaxoSmithKline; September 2023. Accessed September 28, 2024. https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Ojjaara/pdf/OJJAARA-PI-PIL.PDF
2. National Comprehensive Cancer Network. Myeloproliferative Neoplasms. Version 2.2024. Accessed September 29, 2024. https://www.nccn.org/professionals/physician_gls/pdf/mpn.pdf