



**BlueCross
BlueShield**

Federal Employee Program.

**OJJAARA
(mometinib)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Primary myelofibrosis
2. Secondary myelofibrosis
3. Post-polycythemia vera myelofibrosis
4. Post-essential thrombocythemia myelofibrosis

AND ALL of the following for **ALL** indications:

- a. **NO** serious infections
- b. Hemoglobin < 10 g/dl
- c. Prescriber agrees to monitor CBC and platelet counts

Prior - Approval Limits

Quantity 90 tablets per 90 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnoses

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AND ALL of the following for **ALL** indications:



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- a. A reduction in palpable spleen length, spleen volume and/or symptomatic improvement
- b. Prescriber agrees to monitor CBC and platelet counts

Prior - Approval *Renewal* Limits

Same as above