

# Specialty Guideline Management

## Ojjaara

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Ojjaara	momelotinib

### Indications

The indications below including FDA-approved indication and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indications<sup>1</sup>

Ojjaara is indicated for the treatment of intermediate or high-risk myelofibrosis (MF), including primary MF or secondary MF [post-polycythemia vera (PV) and post-essential thrombocythemia (ET)], in adults with anemia.

#### Compendial Uses<sup>2</sup>

- Symptomatic high-risk MF
- MF-associated anemia
- Accelerated phase or blast phase myeloproliferative neoplasms

All other indications are considered experimental/investigational and not medically necessary.

## Coverage Criteria

### Myelofibrosis, Myelofibrosis-associated anemia, or Myeloproliferative neoplasms<sup>1,2</sup>

Authorization of 12 months may be granted for treatment myelofibrosis, myelofibrosis-associated anemia, or myeloproliferative neoplasms when any of the following criteria are met:

- Member has intermediate-risk MF with anemia
- Member has high-risk MF with anemia or symptomatic splenomegaly and/or constitutional symptoms (e.g., fatigue, night sweats, fever, weight loss)
- Member has MF-associated anemia with symptomatic splenomegaly and/or constitutional symptoms (e.g., fatigue, night sweats, fever, weight loss)
- Member has symptomatic accelerated phase or blast phase myeloproliferative neoplasms and the requested agent will be used as a single agent or in combination with azacitidine or decitabine

## Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section who have improvement in symptoms and no unacceptable toxicity.

## References

1. Ojjaara [package insert]. Durham, NC: GlaxoSmithKline; September 2023.
2. The NCCN Drugs & Biologics Compendium® 2025 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed January 7, 2025.