Ojjaara (momelotinib)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Ojjaara (momelotinib) drug policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

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

1. Symptomatic high-risk MF
2. MF-associated anemia
3. Accelerated phase or blast phase myeloproliferative neoplasms

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

A. For initial requests: Chart notes or medical record documentation of hemoglobin (Hb) levels <10 g/dL.

Prescriber Specialties

Ojjaara must be prescribed by or in consultation with an oncologist or hematologist.

Criteria for Initial Approval

Myelofibrosis, Myelofibrosis-associated anemia, or Myeloproliferative neoplasms

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

A. Member has intermediate-risk MF with anemia
B. Member has high-risk MF with anemia or symptomatic splenomegaly and/or constitutional symptoms (e.g., fatigue, night sweats, fever, weight loss)
C. Member has MF-associated anemia with symptomatic splenomegaly and/or constitutional symptoms (e.g., fatigue, night sweats, fever, weight loss)
D. 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 Criteria for Initial Approval when there is no evidence of unacceptable toxicity and there has been an improvement in symptoms while on the current regimen.

Other

Ojjaara (momelotinib) is considered **not medically necessary** for members who do not meet the criteria set forth above.

Members currently receiving the requested medication as samples or via the manufacturer's patient assistance program will be required to meet the criteria for initial approval. This ensures that members are treated equally regardless of their provider's ability to access medication samples.

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Quantity Limits

Medication	Quantity Limit	FDA-recommended dosing
Ojjaara (momelotinib) 100 mg tablets	30 per 30 days	Initial dose: 200 mg orally once daily. Dose adjustments are recommended for adverse reactions. Dose modification: • Severe hepatic impairment (Child-Pugh Class C): 150 mg orally once daily
Ojjaara (momelotinib) 150 mg tablets	30 per 30 days	
Ojjaara (momelotinib) 200 mg tablets	30 per 30 days	

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- N/A

REFERENCES

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

POLICY HISTORY

Policy #: 05.05.23
Original Effective Date: March 15, 2024
Reviewed: August 2025
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