UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1419-1
Program	Prior Authorization/Notification
Medication	Ojjaara™ (momelotinib)
P&T Approval Date	11/2023
Effective Date	2/1/2024

1. Background:
Ojjaara (momelotinib) is a kinase inhibitor indicated for the treatment of intermediate or high-risk myelofibrosis (MF), including primary MF or secondary MF [postpolycythemia vera (PV) and post-essential thrombocythemia (ET)] with anemia.

Coverage Information:
Members will be required to meet the criteria below for coverage. For members under the age of 19 years, the prescription will automatically process without a coverage review.

Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances. Some states also mandate usage of other Compendium references. Where such mandates apply, they supersede language in the benefit document or in the notification criteria.

2. Coverage Criteria[a]:

A. Patients less than 19 years of age

1. **Ojjaara** will be approved based on the following criterion:

   a. Patient is less than 19 years of age

Authorization will be issued for 12 months.

B. Myelofibrosis

1. **Initial Authorization**

   a. **Ojjaara** will be approved based on **both** of the following criteria:

      (1) Disease is considered intermediate or high-risk based on **one** of the following diagnosis:

         (a) Primary myelofibrosis

-OR-

         (b) Post-polycythemia vera myelofibrosis

-OR-

(c) Post-essential thrombocythemia myelofibrosis

-AND-

(2) Patient has anemia

Authorization will be issued for 6 months.

2. **Reauthorization**

a. **Ojjaara** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Ojjaara therapy

Authorization will be issued for 6 months.

C. NCCN Recommended Regimens

The drug has been recognized for treatment of the cancer indication by The National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1, 2A, or 2B

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limit may be in place**.**

4. References:

1. Ojjaara [package insert]. Durham, NC: GlaxoSmithKline; September 2023.

Program	Prior Authorization/Notification – Ojjaara (momelotinib)
Change Control	
11/2023	New program.