



Evolut Clinical Guideline 3229 for Ojjaara™ (momelotinib)

Guideline Number: Evolut_CG_3229	<u>Applicable Codes</u>	
<i>"Evolut" refers to Evolut Health LLC and Evolut Specialty Services, Inc.</i> © 2023 - 2025 Evolut. All rights Reserved.		
Original Date: November 2023	Last Revised Date: November 2025	Implementation Date: November 2025

TABLE OF CONTENTS

STATEMENT	2
PURPOSE	2
INDICATIONS	2
MYELOFIBROSIS	2
CONTRAINDICATIONS/WARNINGS	3
EXCLUSION CRITERIA	3
CODING AND STANDARDS	4
CODES	4
APPLICABLE LINES OF BUSINESS	4
POLICY HISTORY	4
LEGAL AND COMPLIANCE	5
GUIDELINE APPROVAL	5
Committee	5
DISCLAIMER	5
REFERENCES	5

STATEMENT

Purpose

To define and describe the accepted indications for Ojjaara (mometotinib) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Myelofibrosis

- Ojjaara (mometotinib) may be used 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 adult members with anemia.
- Evolent policy supports use of Ojjaara (mometotinib) for myelofibrosis (MF) if all of the following criteria are met:
 - Members have intermediate or high-risk MF
 - Members have failed, are intolerant, or have a contraindication to Jakafi (ruxolitinib)
 - Presence of anemia is not a contraindication for use with Jakafi (ruxolitinib)
 - Starting dose of Jakafi (ruxolitinib) is based on platelet count; consider maximum of 10 mg twice daily for 12 weeks before escalating dose in patients with baseline anemia
 - Members have a hemoglobin (Hgb) level less than 10 g/dL

RISK STRATIFICATION FOR PATIENTS WITH PMF

DYNAMIC INTERNATIONAL PROGNOSTIC SCORING SYSTEM (DIPSS)¹

Prognostic Variable	Points		
	0	1	2
Age, y	≤65	>65	
White blood cell count, x10 ⁹ /L	≤25	>25	
Hemoglobin, g/dL	≥10		<10
Peripheral blood blast, %	<1	≥1	
Constitutional symptoms, Y/N	N	Y	

Risk Group	Points
Low	0
Intermediate-1 (INT-1)	1 or 2
Intermediate-2 (INT-2)	3 or 4
High	5 or 6

Online calculator for DIPSS score can be found at https://qxmd.com/calculate/calculator_187/dipss-prognosis-in-myelofibrosis

DIPSS-PLUS²

Prognostic Variable	Points
DIPSS low-risk	0
DIPSS intermediate-risk 1 (INT-1)	1
DIPSS intermediate-risk 2 (INT-2)	2
DIPSS high-risk	3
Platelets <100 x 10 ⁹ /L	1
Transfusion need	1
Unfavorable karyotype*	1

*Unfavorable karyotype: complex karyotype or sole or two abnormalities that include trisomy 8, -7/7q-, i(17q), -5/5q-, 12p-, inv(3), or 11q23 rearrangement.

Risk Group	Points
Low	0
Intermediate-1 (INT-1)	1
Intermediate-2 (INT-2)	2 or 3
High	4 to 6

Online calculator for DIPSS-PLUS score can be found at https://qxmd.com/calculate/calculator_315/dipss-plus-score-for-prognosis-in-myelofibrosis

CONTRAINDICATIONS/WARNINGS

- None

EXCLUSION CRITERIA

- Disease progression while taking Ojjaara (momelotinib).
- Concurrent use with other anticancer therapies.
- Dosing exceeds single dose limit of Ojjaara (momelotinib) 200 mg.
- Treatment exceeds the maximum limit of 30 (100 mg), 30 (150 mg), and 30 (200 mg) tablets/month.
- Investigational use of Ojjaara (momelotinib) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
 - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
 - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
 - Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.

- Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
- That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
- That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
- That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J8999 - momelotinib

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children’s Health Insurance Program)
<input checked="" type="checkbox"/>	Commercial
<input checked="" type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

POLICY HISTORY

Date	Summary
November 2025	<ul style="list-style-type: none"> ● Converted to new Evolent guideline template ● This guideline replaces UM ONC_1488 Ojjaara (momelotinib) ● Added risk stratification table under indication section ● Updated references
November 2024	<ul style="list-style-type: none"> ● Updated indication verbiage ● Updated maximum dosage form quantities in exclusion criteria

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

REFERENCES

1. Verstovsek S, et al; MOMENTUM Study Investigators. Mometotinib versus danazol in symptomatic patients with anaemia and myelofibrosis (MOMENTUM): results from an international, double-blind, randomised, controlled, phase 3 study. *Lancet*. 2023 Jan 28;401(10373):269-280. doi: 10.1016/S0140-6736(22)02036-0.
2. Mesa RA, et al. SIMPLIFY-1: A Phase III Randomized Trial of Mometotinib Versus Ruxolitinib in Janus Kinase Inhibitor-Naïve Patients With Myelofibrosis. *J Clin Oncol*. 2017 Dec 1;35(34):3844-3850. doi: 10.1200/JCO.2017.73.4418.
3. Ojjaara prescribing information. GlaxoSmithKline. Durham, NC 2025.
4. Clinical Pharmacology Elsevier Gold Standard 2025.
5. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2025.
6. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2025.
7. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2025.
8. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. *J Clin Oncol*. 2014 Apr 20;32(12):1277-80.
9. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.
10. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA: <http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>.