

## Regimen Monograph

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## A - Regimen Name

# MOME Regimen

Momelotinib

**Disease Site** Hematologic  
Myelofibrosis

**Intent** Palliative

**Regimen Category** **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

**Rationale and Uses** Treatment of splenomegaly and/or disease-related symptoms, in patients with intermediate or high-risk primary myelofibrosis (MF), post polycythemia vera myelofibrosis or post essential thrombocythemia MF who have moderate to severe anemia (Health Canada indication)

(Refer to EAP for detailed funding criteria.)

**Supplementary Public Funding** [momelotinib](#)  
Exceptional Access Program (momelotinib - For the treatment of splenomegaly and/or disease-related symptoms of myelofibrosis, according to specific criteria) ([EAP Website](#) )

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## B - Drug Regimen

<a href="#">momelotinib</a>	200 mg	PO	Daily
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Momelotinib should not be started until ANC  $\geq 0.75 \times 10^9/L$  and platelet count  $\geq 25 \times 10^9/L$ .

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## C - Cycle Frequency

### CONTINUOUS TREATMENT

Until disease progression or unacceptable toxicity

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## D - Premedication and Supportive Measures

**Antiemetic Regimen:** Minimal – No routine prophylaxis; PRN recommended

- Also refer to [CCO Antiemetic Recommendations](#).

**Screen for hepatitis B virus in all cancer patients starting systemic treatment.** Refer to the [hepatitis B virus screening and management](#) guideline.

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## J - Administrative Information

Outpatient prescription for home administration

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## K - References

Canada's Drug Agency. Reimbursement recommendation: momelotinib. February 2025.

Harrison CN, Vannucchi AM, Platzbecker U, et al. Momelotinib versus best available therapy in patients with myelofibrosis previously treated with ruxolitinib (SIMPLIFY 2): a randomised, open-label, phase 3 trial. *Lancet Haematol* 2018 Feb;5(2):e73-e81.

Mesa RA, Kiladjian JJ, Catalano JV et al. SIMPLIFY-1: A phase III randomized trial of momelotinib versus ruxolitinib in Janus kinase inhibitor-naïve patients with myelofibrosis. *J Clin Oncol*. 2017 Dec 1;35(34):3844-50.

Verstovsek S, Gerds AT, Vannucchi AM, et al. Momelotinib 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):269-80.

**April 2026** new ST-QBP regimen

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## M - Disclaimer

### **Regimen Abstracts**

*A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

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**Regimen Monographs**

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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