

Market Applicability													
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Mozobil (plerixafor)

Override(s)	Approval Duration
Prior Authorization	1 Year

Medications
Mozobil (plerixafor) Injection

APPROVAL CRITERIA

Requests for Mozobil (plerixafor) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Agent is being used to mobilize autologous hematopoietic stem cells; **AND**
- III. Individual is using in combination with granulocyte colony stimulating factor (G-CSF) (such as Neupogen, Nivestym, Zarxio, or Granix); **AND**
- IV. Individual has a diagnosis of (Hodgkin or non-Hodgkin) lymphoma, multiple myeloma, testicular carcinoma, or other diagnosis for which autologous hematopoietic stem cell transplant is indicated (Label, Shaughnessy 2013, De Blasio 2013); **AND**
- V. After stem cell mobilization and collection, a subsequent autologous hematopoietic stem cell transplant is anticipated; **AND**
- VI. The total number of Mozobil (plerixafor) injections has not exceeded four doses per cycle for up to two cycles.

Requests for Mozobil (plerixafor) may **not** be approved for the following:

- I. Individual is using as a mobilizing agent for an allogeneic stem cell donor (NCCN; ASBMT 2014); **OR**
- II. Individual is using as a mobilizer of leukemic cells; **OR**
- III. Individual is using as a component of a conditioning regimen prior to an allogeneic hematopoietic stem cell transplant.

State Specific Mandates

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	NA	NA	X	X	X	X	X	X	NA	NA	X

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State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: December 17, 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology. Myelodysplastic Syndromes. Version 2.2018. Updated August 3, 2018. Available from: https://www.nccn.org/professionals/physician_gls/pdf/myeloid_growth.pdf. Accessed: January 16, 2019.
6. Duong HK, Savani BN, Copelan E, et al. Peripheral blood progenitor cell mobilization for autologous and allogeneic hematopoietic cell transplantation: guidelines from the American Society for Blood and Marrow Transplantation (ASBMT). Biol Blood Marrow Transplant. 2014; 20(9):1262-1273.
7. Shaughnessy P, Uberti J, Devine S, et al. Plerixafor and G-CSF for autologous stem cell mobilization in patients with NHL, Hodgkin's lymphoma and multiple myeloma: results from the expanded access program. Bone Marrow Transplant. 2013; 48(6):777-781.
8. De Blasio A, Rossi L, Zappone E, et al. Plerixafor and autologous stem cell transplantation: impressive result in a chemoresistant testicular cancer patient treated with high-dose chemotherapy. Anticancer Drugs. 2013; 24(6):653-657.

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