Reference number
1860-A

SPECIALTY GUIDELINE MANAGEMENT

MOZOBIL (plerixafor)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Mozobil is indicated in combination with granulocyte-colony stimulating factor (G-CSF) to mobilize hematopoietic stem cells (HSCs) to the peripheral blood for collection and subsequent autologous transplantation in patients with non-Hodgkin's lymphoma and multiple myeloma.

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Hematopoietic Stem Cell Mobilization (HSCs)

Authorization of 6 months may be granted for treatment of non-Hodgkin's lymphoma (NHL) and multiple myeloma when all of the following criteria are met:

A. Mozobil will be used to mobilize hematopoietic stem cells for collection prior to autologous transplantation.
B. Mozobil will be administered after the member has received a G-CSF (e.g., filgrastim).
C. Mozobil will not be used beyond 4 consecutive days or after completion of stem cell harvest/apheresis.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Mozobil [package insert]. Cambridge, MA: Genzyme Corporation; August 2020.
2. The NCCN Drugs & Biologics Compendium™ © 2021 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed January 5, 2021.

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