Plerixafor (Mozobil®)	**Place of Service** **Transplant Center** Use HCPC: J2562 per 1mg

Condition listed in policy *(see criteria for details)*

- Peripheral stem cell collection and transplantation

AHFS therapeutic class: Hematopoietic agent

Mechanism of action: Hematopoietic stem cell mobilizer, inhibitor of the CXCR4 chemokine receptor

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Mozobil® (plerixafor) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Peripheral stem cell collection and transplantation

- Diagnosis is Non-Hodgkin's lymphoma (NHL) or multiple myeloma (MM), **AND**
- Being used in combination with G-CSF (Neupogen®) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation, **AND**
- Not being covered under the case rate (BSC reviewer to check with BSC Medical Management BMT Coordinator to see if med is covered under the case rate)

Covered Doses
Up to 0.24mg/kg/day SC and not to exceed a maximum of 40 mg/day for up to 4 days

Coverage Period
Cover once per stem cell transplant procedure

ICD-10:
C82.00-C82.99, C83.08-C83.98
C90.00-C90.12
Plus 302(X), or 3E0(X)

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Mozobil® (plerixafor) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s):

Blue Shield's research indicates there is inadequate clinical evidence to support off-label use of this drug for the following conditions (Health and Safety Code 1367.21):

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:
24mg (single-use vial)

(6) References

- Mozobil prescribing information. Genzyme Corporation, Cambridge, MA. revised 2015.
- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch

(7) Policy Update

Date of last revision: 1Q2018
Date of next review: 1Q2019
Changes from previous policy version:

- No change to policy following routine annual review

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee