

Plerixafor (Mozobil®)

Place of Service
Transplant Center

HCPCS: J2562 per 1 mg

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

1. Diagnosis is Non-Hodgkin's lymphoma (NHL) or multiple myeloma (MM), **AND**
2. Being used in combination with G-CSF [filgrastim (or biosimilars), or tbo-filgrastim] to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation, **AND**

Not being covered under the case rate

Covered Doses

Up to 0.24 mg/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):

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:

24 mg (single-use vial)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Mozobil (plerixafor) [Prescribing information]. Cambridge, MA: Genzyme Corporation; 8/2020.
- National Comprehensive Cancer Network. Hematopoietic Growth Factors (Version 1.2022). Available by subscription at: www.nccn.org.

(7) Policy Update

Date of last review: 3Q2023

Date of next review: 3Q2024

Changes from previous policy version:

- No clinical change to policy following routine annual review.

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