

Clinical Pharmacy Program Guidelines for Mozobil

Program	Prior Authorization
Medication	Mozobil® (plerixafor) injection
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, Nevada, New York, New York EPP, Rhode Island, Pennsylvania- CHIP, New Jersey, South Carolina
Issue Date	12/2009
Pharmacy and Therapeutics Approval Date	11/2020
Effective Date	12/2020

1. Background:

Mozobil (plerixafor) is a hematopoietic stem cell mobilizer 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 (NHL) and multiple myeloma (MM).

2. Coverage Criteria:

<p>A. <u>Hematopoietic Stem Cell Mobilization</u></p> <p>1. <u>One</u> of the following:</p> <ul style="list-style-type: none"> • Patients with non-Hodgkin’s lymphoma (NHL) who will be undergoing autologous HSC transplantation • Patients with multiple myeloma (MM) who will be undergoing autologous HSC transplantation <p style="text-align: center;">-AND-</p> <p>2. Used in combination with granulocyte-colony stimulating factor (G-CSF) [e.g., Zarxio (filgrastim)]</p> <p style="text-align: center;">-AND-</p> <p>3. Prescribed by or in consultation with a hematologist/oncologist</p> <p>Authorization will be issued for 1 course of therapy (up to four days of therapy).</p>
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3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place

4. References

1. Mozobil [package insert]. Cambridge, MA: Genzyme Corporation; August 2020.
2. DiPersio JF, Micallef I, Stiff P, et al. Months report from the phase 3 study of plerixafor + G-CSF vs. placebo + G-CSF for mobilization of hematopoietic stem cell for autologous transplant in patients with NHL. [abstract]. Blood. 2008;112:Abstract 1136.
3. DiPersio JF, Stadtmauer E, Nademanee A, et al. Months report from a phase 3 study of plerixafor + G-CSF vs. placebo + G-CSF for mobilization of hematopoietic stem cell for autologous transplant in patients with multiple myeloma. [abstract]. Blood. 2008; 112: Abstract 3312.
4. Calandra G, McCarty J, McGuirk J, et al. AMD3100 plus G-CSF can successfully mobilize CD34+ cells from non-hodgkin's lymphoma, hodgkin's disease and multiple myeloma patients previously failing mobilization with chemotherapy and/or cytokine treatment: compassionate use data. Bone Marrow Transplant. 2008;41:331-38.

Program	Prior Authorization- Mozobil
Change Control	
Date	Change
12/2009	New drug policy.
12/2010	Annual Review
6/2011	Updated guideline as follows: <ul style="list-style-type: none"> • Added new logo and replaced all AmeriChoice references with UnitedHealthcare Community & State.
6/2012	Annual Review
6/2013	Converted policy to new UHC enterprise wide formatting. No change to clinical criteria
12/2015	Annual Review

11/2016	Updated policy template. Minor updates to language to continue to align with ORx criteria.
11/2017	Removed endnotes. Clarified NHL and MM in criteria. Updated references.
11/2018	Minor formatting update to the background. Updated references.
11/2019	Annual review. Removed Neupogen as an example of a G-CSF. Updated background and references.
11/2020	Annual review. Updated reference. Added Additional Clinical Rules section.