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, Granix, or their biosimilars [NCCN]); **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;

OR
VII. Individual is using Mozobil (plerixafor) for autologous hematopoietic stem cell (HSC) mobilization as part of the development of an FDA-approved ex vivo gene therapy (e.g. Zynteglo).

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; **OR**
IV. When the above criteria are not met or for all other indications.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: http://www.clinicalpharmacology.com. 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: January 21, 2022.
3. 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.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. 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.
6. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
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. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on January 21, 2022.
    a. Hematopoietic Growth Factors. Version 1.2022. Updated December 22, 2021.
    b. Hematopoietic Cell Transplantation (HCT): Pre-transplant Recipient Evaluation and Management of Graft-Versus-Host Disease. V5.2021. Updated September 30, 2021.