

Clinical Pharmacy Program Guidelines for Mozobil

Program	Prior Authorization
Medication	Mozobil (plerixafor) injection
Issue Date	12/2009
Pharmacy and Therapeutics Approval Date	11/2017
Effective Date	1/2018

1. Background:

Indications

Hematopoietic Stem Cell Mobilization

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. One 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., Neupogen (filgrastim), 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>

3. References

1. Mozobil Prescribing Information. Genzyme Corporation, August 2015.
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.
5. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Myeloid Growth Factors v.1.2014. Available at: http://www.nccn.org/professionals/physician_gls/pdf/myeloid_growth.pdf. Accessed March 4, 2014.

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.
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