Medical Policy:

Mozobil® (plerixafor)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.156	March 17, 2025	

Definitions

Mozobil is indicated in combination with granulocyte-colony stimulating factor (G-CSF) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplant in patients with non-Hodgkin's lymphoma (NHL) and multiple myeloma.

Length of Authorization

Coverage will be provided for one treatment cycle of four days and will be eligible for renewal for one additional treatment cycle.

Dosing Limits [Medical Benefit]

Max Units (per dose and over time) [Medical Benefit]:

48 billable units per day for 4 days

Guideline

I. Initial Approval Criteria

Mozobil *may be considered medically necessary if the below conditions is met* ***AND*** *use is consistent with the medical necessity criteria that follows:*

1. **Peripheral mobilization of stem cells for autologous transplantation**
    A. Patient is at least 18 years old; **AND**
    B. Patient is clinically diagnosed with non-Hodgkin's lymphoma or multiple myeloma; **AND**
    C. Patient is preparing for autologous hematopoietic stem cell (HSC) transplant
    D. Mozobil is being used in conjunction with granulocyte-colony stimulating factor (G-CSF)

Limitations/Exclusions

Mozobil is not considered medically necessary for when any of the following selection criteria is met:

1. Course of therapy exceeds 4 consecutive days.

II. Renewal Criteria

1. Patient continues to meet INITIAL APPROVAL CRITERIA; **AND**
2. Patient has had only 1 previous treatment cycle; **AND**
3. Absence of unacceptable toxicity from the drug including severe hypersensitivity reactions/anaphylaxis, hematologic effects (e.g. leukocytosis, thrombocytopenia), splenic enlargement/rupture, tumor cell mobilization, etc.

Dosage/Administration

Indication	Dose
Peripheral mobilization of stem cells for autologous transplantation	≤ 83 kg: 20-mg fixed dose or 0.24 mg/kg (actual body weight) subcutaneously approximately 11 hours prior to initiation of apheresis for up to 4 consecutive days; administer granulocyte-colony stimulating factor (G-CSF) 10 mcg/kg via subQ bolus or continuous infusion once daily in the morning for 4 days prior to the first evening dose of plerixafor, and on each day prior to apheresis > 83 kg: 0.24 mg/kg (actual body weight) subcutaneously approximately 11 hours prior to initiation of apheresis for up to 4 consecutive days; administer G-CSF 10 mcg/kg via subQ bolus or continuous infusion once daily in the morning for 4 days prior to the first evening dose of plerixafor, and on each day prior to apheresis; MAX dose of 40 mg/day

Applicable Procedure Codes

Code	Description
J2562	Injection, plerixafor, 1 mg, 1 billable unit = 1 mg

Applicable NDCs

Code	Description
00024-5862-xx	Mozobil 24 mg/1.2 ml solution single use vial

ICD-10 Diagnoses

Code	Description
Z52.011	Autologous donor, stem cells

Z52.091	Other blood donor, stem cells
Z94.84	Stem cells transplant status

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	03/17/2025	Annual Review: updated dosing limits, no criteria changes
EmblemHealth & ConnectiCare	2/1/2024	Annual Review: no criteria changes
EmblemHealth & ConnectiCare	6/5/2023	Annual review: removed ICD-10 Codes: Z52.001 and Z94.81
EmblemHealth & ConnectiCare	09/09/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	07/15/2019	Annual review

References

1. Mozobil™ injection [package insert]. Cambridge, MA: Genzyme Corporation
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) plerixafor. National Comprehensive Cancer Network, 2019. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed April 2019.