

# Specialty Guideline Management

## plerixafor-Mozobil

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
|------------|--------------|
| Mozobil    | plerixafor   |

### Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indications<sup>1-2</sup>

Mozobil is indicated in combination with filgrastim to mobilize hematopoietic stem cells (HSCs) to the peripheral blood for collection and subsequent autologous transplantation in patients with non-Hodgkin's lymphoma or multiple myeloma.

#### Compendial Uses<sup>3-6</sup>

- Hematopoietic cell transplantation
- Gene therapy protocol

All other indications are considered experimental/investigational and not medically necessary.

# Coverage Criteria

## Hematopoietic Stem Cell Mobilization<sup>1-6</sup>

Authorization of 6 months may be granted for mobilization of hematopoietic stem cells when both of the following criteria are met:

- The requested medication will be administered in any of the following scenarios:
  - After the member has received a G-CSF (e.g., filgrastim)
  - After the member has received chemo-mobilization
  - As part of gene therapy protocol
- The requested medication will not be used beyond 4 consecutive days or after completion of stem cell harvest/apheresis.

## Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the Coverage Criteria.

## References

1. Mozobil [package insert]. Cambridge, MA: Genzyme Corporation; September 2023.
2. Plerixafor [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; January 2024.
3. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. <https://www.nccn.org>. Accessed October 21, 2024.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Hematopoietic Cell Transplantation (HCT) Version 2.2024. [https://www.nccn.org/professionals/physician\\_gls/pdf/hct.pdf](https://www.nccn.org/professionals/physician_gls/pdf/hct.pdf) Accessed October 21, 2024.
5. Tisdale JF, Kanter J, Hsieh, M, et al. Single-Agent Plerixafor Mobilization to Collect Autologous Stem Cells for Use in Gene Therapy for Severe Sickle Cell Disease. Transplantation and Cellular Therapy. 2018;24(3):S174. doi: <https://doi.org/10.1016/j.bbmt.2017.12.108>
6. Casgevy [package insert]. Boston, MA: Vertex; January 2024.