Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Mozobil (plerixafor)***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***March 2009 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: *February 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Mozobil (plerixafor).

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

DEFINITIONS

N/A

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002

Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Mozobil (plerixafor), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must be prescribed by a bone marrow transplant specialist, hematologist, or oncologist
- Must be age 18 years or older. The safety and efficacy of plerixafor (Mozobil) in pediatric patients have not been established in controlled clinical studies.
- Must have non-Hodgkin's lymphoma or multiple myeloma (MM) and require hematopoietic stem cell mobilization for collection and subsequent autologous transplantation
- Must be used in combination with G-CSF and initiated after the member has received G-CSF once daily for 4 days
- Must be administered approximately 11 hours prior to the initiation of apheresis for up to 4 consecutive days

Reauthorization Criteria:

All Mozobil (plerixafor) therapy attempts must meet initial authorization criteria.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	One time use of up to 4 days for mobilization of hematopoietic stem cells.
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Mozobil [package insert]. Cambridge, MA: Genzyme Corporation; December 2008.
2. DiPersio J, Stadtmauer EA, Nademanee AP, et al. A Phase III, Multicenter, Randomized, Double Blind, Placebo Controlled, Comparative Trial of AMD3100 (Plerixafor)+G-CSF vs. G-CSF+Placebo for Mobilization in Multiple Myeloma (MM) Patients for Autologous Hematopoietic Stem Cell (aHSC) Transplantation. Blood. 2007; 110: 445.
3. Dipersio JF, Micallef I, Stiff PJ, et al. A Phase III, Multicenter, Randomized, Double Blind, Placebo Controlled, Comparative Trial of AMD3100 (Plerixafor)+ G-CSF vs. Placebo+G-CSF in Non-Hodgkin's Lymphoma (NHL) Patients for Autologous Hematopoietic Stem Cell (aHSC) Transplantation. Blood. 2007; 110: 601.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	*02/17, 02/18*