

<b>Policy Name:</b>	<b>Mozobil (plerixafor)</b>	<b>Policy #:</b>	<b>2449P</b>
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## Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Mozobil.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Mozobil under the specialty medical benefit when the following criteria have been met.

## Criteria

### 1. Coverage Criteria for Mobilization of Hematopoietic Stem Cells for Collection Prior to Autologous Transplantation

- 1.1 Diagnosis of Non-Hodgkin's lymphoma, or multiple myeloma, or germ cell tumors
- 1.2 Prescribed by an oncologist (cancer doctor) or hematologist (blood doctor)
- 1.3 Mozobil will be used with a granulocyte colony-stimulating factor (G-CSF, such as Neupogen)

### 2. Approval Time

- 2.1 6 months (maximum of four visits per lifetime)

## CPT Codes

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## HCPCS Codes

J2562	Injection, plerixafor, 1mg
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## References

1. Mozobil [package insert]. Cambridge, MA: Genzyme Corporation; September 2023.
2. DiPersio JF, Micallef IN, Stiff PJ, Bolwell BJ, Maziarz RT, Jacobsen E *et al.* Phase III prospective randomized double-blind placebo-controlled trial of plerixafor plus granulocyte colony-stimulating factor compared with placebo plus granulocyte colony-stimulating factor for autologous stem-cell mobilization and transplantation for patients with non-Hodgkin's lymphoma. *J Clin Oncol* 2009; 27: 4767–4773.
3. DiPersio JF, Stadtmauer EA, Nademanee A, Micallef IN, Stiff PJ, Kaufman JL *et al.* Plerixafor and G-CSF versus placebo and G-CSF to mobilize hematopoietic stem cells for autologous stem cell transplantation in patients with multiple myeloma. *Blood* 2009; 113: 5720
4. Horwitz ME, Long, G, Holman P, et al. Efficacy and safety of hematopoietic stem cell remobilization with plerixafor+G-CSF in adult patients with germ cell tumors. *Bone Marrow Transplantation* (2012) 47, 1283-86.

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## DISCLAIMER

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