Clinical Policy: Plerixafor (Mozobil)

Reference Number: PA.CP.PHAR.323
Effective Date: 01/18
Last Review Date: 07/17/19

Coding Implications
Revision Log

Description
The intent of the criteria is to ensure that patients follow selection elements established by Pennsylvania Health and Wellness ® clinical policy for plerixafor for injection (Mozobil®).

FDA Approved Indication(s)
Mozobil is 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).

Policy/Criteria
It is the policy of Pennsylvania Health and Wellness ® that Mozobil is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Mobilization of Hematopoietic Stem Cells (must meet all):

1. Diagnosis of NHL or MM;
2. Prescribed by or in consultation with an oncologist or hematologist;
3. Prescribed in combination with G-CSF (i.e., Neupogen®, Zarxio®, Granix®);
   **Prior authorization is (or may be) required for G-CSF*
4. Member is scheduled to receive autologous stem cell transplantation;
5. Dose does not exceed one of the following (a or b), given for up to 4 consecutive days:
   a. Weight ≤ 83 kg: 20 mg/day fixed dose or 0.24 mg/kg/day;
   b. Weight > 83 kg: 40 mg/day.

Approval duration: 3 months

B. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Therapy

A. Mobilization of Hematopoietic Stem Cells (must meet all)**:**

1. Member must meet initial approval criteria for reauthorization.

Approval duration: 3 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

III. Diagnoses/Indications for which coverage is NOT authorized

Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy –CP.PMN.53 or evidence of coverage documents.

Background

Description/Mechanism of Action:

Plerixafor is an inhibitor of the CXCR4 chemokine receptor and blocks binding of its cognate ligand, stromal cell-derived factor-1α (SDF-1α). SDF-1α and CXCR4 are recognized to play a role in the trafficking and homing of human hematopoietic stem cells (HSCs) to the marrow compartment. Once in the marrow, stem cell CXCR4 can act to help anchor these cells to the marrow matrix, either directly in leukocytosis and elevations in circulating hematopoietic progenitor cells in mice, dogs and humans. CD34+ cells mobilized by plerixafor were capable of engraftment iwth long-term repopulating capacity up to one year in canine transplantation models.

Formulations:

Each single-use vial is filled to deliver 1.2 mL of 20 mg/mL solution containing 24 mg of plerixafor. Each vial of Mozobil is intended for single use only.

Appendices

Appendix A: Abbreviation Key

G-CSF: Granulocyte-colony stimulating factor
HSC: Hematopoietic stem cell
MM: Multiple myeloma
NHL: Non-Hodgkin's lymphoma

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J2562	Injection, plerixafor, 1 mg

Reviews, Revisions, and Approvals	Date	Approval Date
4Q 2018 annual review: no significant changes; added prescriber requirement; references reviewed and updated.	08/18	
3Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	07/17/19	

References

1. Mozobil Prescribing Information. Cambridge, MA: Genzyme Corporation; December 2017. Available at: www.mozobil.com. Accessed May 1, 2018.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed May 1, 2018.
3. National Comprehensive Cancer Network. Myeloid Growth Factors Version 1.2018. Available at: http://www.nccn.org/professionals/physician_gls/pdf/myeloid_growth.pdf. Accessed: May 1, 2018.