Mozobil® (plerixafor)  
(Subcutaneous)

Last Review Date: 10/31/2017  
Date of Origin: 11/28/2011  
Dates Reviewed: 12/2011, 02/2013, 02/2014, 12/2014, 10/2015, 10/2016, 10/2017

I. Length of Authorization

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

II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:
   - Mozobil 24 mg vial: 8 vials per 4 day treatment cycle

B. Max Units (per dose and over time) [Medical Benefit]:
   - 40 billable units per day

III. Initial Approval Criteria

Coverage is provided in the following conditions:

Peripheral mobilization of stem cells for autologous transplantation †

- Patient had been diagnosed with non-Hodgkin’s lymphoma (NHL) or multiple myeloma; AND
- Must be used in combination with one of the following: filgrastim, filgrastim-sndz, or tbo-filgrastim

† FDA-approved indication(s); ‡ Compendium recommended indication(s)

IV. Renewal Criteria

Authorizations can be renewed based on the following criteria:

- Patient continues to meet criteria identified in section III: AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: increased circulating leukocytes; decreased platelet counts; left upper abdominal and/or scapular or shoulder pain (potential splenic rupture); AND
- Patient has had only 1 previous treatment cycle

V. Dosage/Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
</tr>
</thead>
</table>
| Peripheral mobilization of stem cells for autologous transplantation | • Begin treatment with Mozobil after the patient has received G-CSF once daily for 4 days  
• Administer daily morning doses of G-CSF 10 mcg/kg for 4 days prior to the first evening dose of Mozobil and on each day prior to apheresis  
• Administer Mozobil approximately 11 hours prior to initiation of each apheresis for up to 4 consecutive days at the following dose:  
  o 20 mg fixed dose or 0.24 mg/kg actual body weight for patients weighing ≤ 83 kg  
  o 0.24 mg/kg actual body weight for patients weighing > 83 kg; not to exceed 40 mg/day |

VI. Billing Code/Availability Information

Jcode:  
J2562 – Injection, plerixafor, 1 mg: 1 billable unit = 1 mg

NDC:  
Mozobil 24 mg/1.2 mL solution; single-use vial: 00024-5862-xx

VII. References


2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) plerixafor. National Comprehensive Cancer Network, 2017. 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 August 2017.


**Appendix 1 – Covered Diagnosis Codes**

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z94.84</td>
<td>Stem cells transplant status</td>
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</table>

**Appendix 2 – Centers for Medicare and Medicaid Services (CMS)**

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: [http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx](http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx). Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

- **Jurisdiction(s):** 5, 8
- **NCD/LCD Document (s):** L34741

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Applicable State/US Territory</th>
<th>Contractor</th>
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</thead>
<tbody>
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<td>E (1)</td>
<td>CA, HI, NV, AS, GU, CNMI</td>
<td>Noridian Healthcare Solutions, LLC</td>
</tr>
<tr>
<td>F (2 &amp; 3)</td>
<td>AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ</td>
<td>Noridian Healthcare Solutions, LLC</td>
</tr>
<tr>
<td>5</td>
<td>KS, NE, IA, MO</td>
<td>Wisconsin Physicians Service Insurance Corp (WPS)</td>
</tr>
<tr>
<td>6</td>
<td>MN, WI, IL</td>
<td>National Government Services, Inc. (NGS)</td>
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<tr>
<td>H (4 &amp; 7)</td>
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<td>Novitas Solutions, Inc.</td>
</tr>
<tr>
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<td>Wisconsin Physicians Service Insurance Corp (WPS)</td>
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<td>First Coast Service Options, Inc.</td>
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<td>Novitas Solutions, Inc.</td>
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<td>K (13 &amp; 14)</td>
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<td>15</td>
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<td>CGS Administrators, LLC</td>
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