

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 7, 2012 November 6, 2017

Mozobil® (plerixafor injection)

LENGTH OF AUTHORIZATION: Per request up to 4 days

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Must have a confirmed diagnosis (in diagnosis codes or medical records) of non-Hodgkin's lymphoma or multiple myeloma.
- Must be a component of an autologous stem cell transplant mobilization protocol.

[Note: Medication to be administered in combination with granulocyte-colony stimulating factor (eg. Neupogen, Leukine, Neulasta)]

DOSING and ADMINISTRATION:

- Initiate Mozobil treatment after the patient has received G-CSF once daily for 4 days.
- Repeat Mozobil dose up to 4 consecutive days.
- Select dose based on 0.24 mg/kg actual body weight.
- Administer by subcutaneous injection approximately 11 hours prior to initiation of apheresis.
- **Dosage form:** Single-use vial containing 1.2 mL of a 20 mg/mL solution