



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's 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  $\geq 18$  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