



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service
Prior Authorization Criteria**

**Mozobil® (plerixafor)
[Prior Authorization Request Form](#)**

Prior authorization requests for Mozobil as a stem cell mobilizer will be approved if the following criteria are met:

- 1 It is for the treatment of non-Hodgkin's lymphoma or multiple myeloma; **AND**
- 2 Is to be initiated after four (4) days treatment with granulocyte-colony stimulating factor (GCSF) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation;
AND
- 3 Mozobil will not be approved when there is a diagnosis of leukemia present;
AND
- 4 A maximum of four (4) doses will be approved.

Genzyme Package Insert 2008

*Review and Approved
DUR Board 11/18/2009*