

**MOZOBIL
(plerixafor)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must be using for the following:

Mobilization of hematopoietic stem cells (HSCs)

AND ALL of the following:

1. Patient must have **ONE** of the following:
 - a. Non-Hodgkin's lymphoma
 - b. Multiple myeloma
2. The hematopoietic stem cells (HSCs) will be used for subsequent autologous transplantation
3. Used in combination with granulocyte-colony stimulating factor (G-CSF)
4. Prescriber agrees to monitor platelets and white blood cell counts
5. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Mozobil and for one week after the final dose

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above