

Hematopoietic Stem Cell Mobilizers



Included Products: Aphexda (motixafortide), Mozobil (plerixafor)

Created: 01/11/2024 Revised: 01/11/2024 Reviewed: 01/11/2024 Updated: 02/01/2024

Nonformulary for outpatient benefit. PA required on medical benefit.

All Diagnoses			
Initial Criteria:		If yes	If no
1.	Is the treatment being prescribed or supervised by a hematologist, oncologist, or transplant specialist?	Continue to #2.	Do not approve.
2.	Is the treatment supported for the diagnosis in the NCCN guidelines?	Continue to #3.	Continue to #3.
3.	Is the treatment being used according to the FDA indication?	Continue to #4.	Request external specialty review.
4.	Does the request meet criteria for treatment coverage specified in Guideline Note 12 of the Prioritized List of Health Services, considering treatment of cancer with little or no benefit?	Continue to #5.	Do not approve.
5.	Approve for 2 months or for appropriate duration: a. Aphexdra: approve up to 2 doses. b. Plerixafor: approve up to 4 doses.		