

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Mozobil (plerixafor)**

A. Prescriptions That Require Prior Authorization

All prescriptions for Mozobil (plerixafor) must be prior authorized.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for Mozobil (plerixafor), the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Has a diagnosis that is indicated in the Food and Drug Administration (FDA) approved package insert, or listed in nationally recognized compendia, for the determination of medically-accepted indications for off-label uses of Mozobil (plerixafor)

AND

2. Is being prescribed Mozobil (plerixafor) by a bone marrow transplant specialist, hematologist or oncologist

OR

3. Does not meet the clinical review guideline listed above, but in the professional judgment of the physician reviewer, the service is medically necessary to meet the medical needs of the recipient

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request for a prescription for Mozobil (plerixafor). If the guidelines in Section B are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

D. Dose and Duration of Therapy

Approvals of requests for prior authorization of prescriptions for Mozobil (plerixafor) will be limited to four (4) days of therapy

E. References

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1. Mozobil prescribing information. Genzyme, June 2013