

POLICY NAME	Mozobil (plerixafor)	POLICY #	2449P
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Criteria

Coverage Criteria for Mobilization of Hematopoietic Stem Cells for Collection Prior to Autologous Transplantation

- ☐ 1.1 Diagnosis of Non-Hodgkin's lymphoma, or multiple myeloma, or germ cell tumors
- ☐ 1.2 Prescribed by an oncologist (cancer doctor) or hematologist (blood doctor)
- ☐ 1.3 Mozobil will be used with a granulocyte colony-stimulating factor (G-CSF, such as Neupogen)