



**GEORGIA MEDICAID FEE-FOR-SERVICE
STEM CELL MOBILIZERS PA SUMMARY**

Preferred	Non-Preferred
Mozobil (plerixafor) Xolremdi (mavorixafor)	n/a

LENGTH OF AUTHORIZATION: Varies

NOTES:

- ❖ Mozobil and Xolremdi are preferred but require prior authorization.
- ❖ If medication is being administered in a physician’s office or clinic, then the medication must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program can be located at www.mmis.georgia.gov.

PA CRITERIA:

Mozobil

- ❖ Approvable for members 18 years of age or older with a diagnosis of non-Hodgkin’s lymphoma or multiple myeloma when given in combination with filgrastim (Neupogen) prior to autologous hematopoietic stem cell (HSC) transplantation.

Xolremdi

- ❖ Approvable for members 12 years of age or older with a diagnosis of WHIM syndrome (warts, hypogammaglobulinemia, infections and myelokathexis) who have a mutation of the chemokine (C-X-C motif) receptor 4 (CXCR4) consistent with WHIM phenotypes and an absolute neutrophil count (ANC) of 400 cells/ μ L or less.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.



QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.