Reference number(s)
6157-A

Specialty Guideline Management Aphexda

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Aphexda	motixafortide

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Aphexda is indicated in combination with filgrastim (G-CSF [granulocyte-colony stimulating factor]) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in patients with multiple myeloma.

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

Hematopoietic Stem Cell Mobilization[1]

Authorization of 6 months may be granted in members with multiple myeloma when all of the following criteria are met:

- The requested medication will be used to mobilize hematopoietic stem cells for collection.
- The requested medication will be administered after the member has received four daily doses of G-CSF (e.g., filgrastim).
- The requested medication will not be used beyond two doses or after completion of stem cell harvest/apheresis.

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the Coverage Criteria.

References

1. Aphexda [package insert]. Naples, FL: Gamida Cell Inc.; May 2025.