

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<sup>1</sup>

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<sup>1</sup>

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

Aphexda SGM 6157-A P2024a.docx

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- 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]. Waltham, MA: BioLineRx USA Inc; September 2023.