

# 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:

Reference number(s)
6157-A

- 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.