

# **Pharmacy Drug Policy & Procedure**

Policy Name:	Aphexda (motixafortide)	Policy#:	3233P
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# **Purpose of the Policy**

The purpose of this policy is to define coverage criteria for Aphexda (motixafortide)

# **Statement of the Policy**

Health Alliance Medical Plans will approve the use of Aphexda (motixafortide) under the specialty medical benefit if the following criteria are met.

#### Criteria

# 1. Coverage Criteria

- 1.1 Diagnosis of multiple myeloma
- 1.2 Documentation Aphexda is being used for mobilization of hematopoietic stem cells for collection prior to autologous stem cell transplant
- 1.3 Prescribed by or in consultation with an oncologist (cancer doctor) or hematologist (blood doctor)
- 1.4 Age 18 years or older
- 1.5 Aphexda will be used in combination with a granulocyte colony-stimulating factor (G-CSF) such as filgrastim
- 1.6 Coverage of Aphexda will require clinical contraindication to generic plerixafor

## 2. Exclusion Criteria

- 2.1 History of a prior autologous or allogeneic stem cell transplant
  - This patient population was excluded from participation in the clinical trial which established FDA approval.
- 2.2 Failed previous hematopoietic stem cell collection or collection attempts
  - This patient population was excluded from participation in the clinical trial which established FDA approval. Repeat treatment has not been studied at this time and is considered experimental.

## 3. Approval Period

3.1 6 months (maximum of eight visits per lifetime)

<b>CPT Codes</b>		
HCPCS Codes		
J2277	Injection, motixafortide, 0.25 mg	

#### References

1. Aphexda (motixafortide) [prescribing information]. Waltham, MA: BioLineRx USA Inc; September

2023.

- 2. Crees ZD, Stockerl-Goldstein K, Vainstein A, et al. GENESIS: Phase III trial evaluating BL-8040 + G-CSF to mobilize hematopoietic cells for autologous transplant in myeloma. Future Oncol. 2019 Nov; 15(31):3555-3563.
- 3. Crees ZD, Stockerl-Goldstein K, Vainstein A, et al. Motixafortide and G-CSF to mobilize hematopoietic stem cells for autologous transplantation in multiple myeloma: a randomized phase 3 trial. Nat Med. 2023; 29(4):869-879.

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#### **DISCLAIMER**

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.