

POLICY NAME	Aphexda (motixafortide)	POLICY #	3233P
--------------------	-------------------------	-----------------	-------

Criteria

Coverage Criteria

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

Exclusion Criteria – Any of the following prevents coverage

- ☐ 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.
- ☐ 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.