

POLICY NAME

Aphexda (motixafortide)

POLICY #

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **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.

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