

<b>POLICY NAME</b>	Aphexda (motixafortide)	<b>POLICY #</b>	3233P
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## Criteria

### 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

### 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.