CVS Caremark®

|  |
| --- |
| Reference number(s) |
| 6157-A |

# 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 Indications1

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 Mobilization1

Authorization of 6 months may be granted in members with multiple myeloma when all of the following criteria are met:

* 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.