

**Aphexda (motixafortide)**  
**07/01/2024**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Aphexda (motixafortide) is indicated in combination with filgrastim (G-CSF) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in patients with multiple myeloma.

No PA	Require PA
Mozobil (plerixafor) <sup>MB</sup>	Aphexda (motixafortide) <sup>MB</sup>

MB – Medical Benefit. This drug is available through the health care professional who administers the drug or in an outpatient or inpatient hospital setting.

### Coverage Guidelines

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of multiple myeloma (MM) requiring autologous hematopoietic cell transplantation (HCT)
2. Prescriber is an oncologist or hematologist or consult notes are provided
3. Requested agent will be used in combination with a granulocyte colony stimulating factor (G-CSF)
4. Clinical rationale for use of the requested agent instead of plerixafor
5. Appropriate dosing

### Continuation of Therapy

Requests for recertification in members who have received one dose and require an additional dose can be approved for an additional 3 months.

Requests for recertification for greater than two total doses will require documentation of medical necessity and will be reviewed on a case-by-case basis.

### Limitations

1. Initial approvals will be granted for 3 months.
2. Reauthorizations (see details in Continuation of Therapy)
  - a. Requests for additional dose may be granted for an additional 3 months.
  - b. Requests for greater than two total doses will be reviewed on a case-by-case basis.

## References

1. Laubach JP, Multiple myeloma: Clinical features, laboratory manifestations, and diagnosis. In: Rajkumar SV (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2010 [cited 2023 Nov 02]. Available from: [https://www.uptodate.com/contents/multiple-myeloma-clinical-features-laboratory-manifestations-anddiagnosis?search=multiple%20myeloma&source=search\\_result&selectedTitle=2%7E150&usage\\_type=default&display\\_rank=2](https://www.uptodate.com/contents/multiple-myeloma-clinical-features-laboratory-manifestations-anddiagnosis?search=multiple%20myeloma&source=search_result&selectedTitle=2%7E150&usage_type=default&display_rank=2)
2. Laubach JP, Multiple myeloma: Overview of management. In: Rajkumar SV (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2010 [cited 2024 March 5]. Available from: [https://www.uptodate.com/contents/multiple-myeloma-overview-ofmanagement?search=multiple%20myeloma&source=search\\_result&selectedTitle=3%7E150&usage\\_type=defa ult&display\\_rank=3](https://www.uptodate.com/contents/multiple-myeloma-overview-ofmanagement?search=multiple%20myeloma&source=search_result&selectedTitle=3%7E150&usage_type=defa ult&display_rank=3)
3. Kumar S, Multiple myeloma: Use of hematopoietic cell transplantation, In: Rajkumar SV (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2010 [cited 2024 March 5]. Available from: [https://www.uptodate.com/contents/multiple-myeloma-use-of-hematopoietic-celltransplantation?search=multiple%20myeloma%20transplant&source=search\\_result&selectedTitle=1%7E150 & usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/multiple-myeloma-use-of-hematopoietic-celltransplantation?search=multiple%20myeloma%20transplant&source=search_result&selectedTitle=1%7E150 & usage_type=default&display_rank=1)
4. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Hematopoietic Cell Transplantation Version 3.2023 [guideline on the internet]. Fort Washington, Pennsylvania: National Comprehensive Cancer Network; 2023 Oct 09 [cited 2024 March 5]. Available from: [https://www.nccn.org/professionals/physician\\_gls/pdf/hct.pdf](https://www.nccn.org/professionals/physician_gls/pdf/hct.pdf)
5. Motixafortide: drug information. UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2010 [cited 2024 March 5]. Available from: [https://www.uptodate.com/contents/motixafortide-druginformation?search=aphexda&source=panel\\_search\\_result&selectedTitle=1%7E7&usage\\_type=panel&kp\\_t ab= drug\\_general&display\\_rank=1](https://www.uptodate.com/contents/motixafortide-druginformation?search=aphexda&source=panel_search_result&selectedTitle=1%7E7&usage_type=panel&kp_t ab= drug_general&display_rank=1)
6. Plexafor: drug information. UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2010 [cited 2024 March 5]. Available from: [https://www.uptodate.com/contents/plexafor-druginformation?source=auto\\_suggest&selectedTitle=1~1---1~4---mozobi&search=mobil](https://www.uptodate.com/contents/plexafor-druginformation?source=auto_suggest&selectedTitle=1~1---1~4---mozobi&search=mobil)
7. Aphexda® [package insert]. Waltham (MA): BioLineRx Ltd; 2023 [cited 2024 March 5].
8. Mozobil® [package insert]. Cambridge (MA): Genzyme Corporation; 2010 [cited 2024 March 5].

## Review History

06/12/24 – Created for P&T. New criteria developed for Aphexda. Adopted MH criteria. Effective 7/1/24.

