Medical Drug Clinical Criteria

Subject:	Aphexda (motixafortide)		
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Overview

This document addresses the use of Aphexda (motixafortide), a chemokine receptor type 4 inhibitor which impairs binding of hematopoietic stem cells within the bone marrow microenvironment. Aphexda is approved in combination with filgrastim to mobilize hematopoietic stem cells to the peripheral blood for subsequent autologous transplantation in individuals with multiple myeloma.

The National Comprehensive Cancer Network (NCCN) guideline on Hematopoietic Cell Transplantation recommends the use of Aphexda in combination with filgrastim (or biosimilar) or tbo-filgrastim as a hematopoietic cell mobilization regimen for autologous donors undergoing transplantation for multiple myeloma.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Aphexda (motixafortide)

Requests for Aphexda (motixafortide) may be approved if the following criteria are met:

I. Individual is 18 years or older; **AND**
II. Individual has a diagnosis of multiple myeloma; **AND**
III. Aphexda is being used to mobilize autologous hematopoietic stem cells; **AND**
IV. Individual is using in combination with filgrastim, filgrastim biosimilar, or tbo-filgrastim (NCCN 2A); **AND**
V. After stem cell mobilization and collection, a subsequent autologous hematopoietic stem cell transplant is anticipated; **AND**
VI. The total number of Aphexda injections does not exceed two doses total; one dose prior to first and third apheresis.

Requests for Aphexda (motixafortide) may not be approved for the following:

I. More than one treatment cycle*; **OR**
II. Individual is using as a mobilizing agent for an allogeneic stem cell donor (NCCN); **OR**
III. Individual is using as a mobilizer of leukemic cells; **OR**
IV. When the above criteria are not met or for all other indications.

Approval duration: *One treatment cycle (includes two doses total; one dose prior to first and third apheresis)

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

J3490	Unclassified drugs (when specified as Aphexda)
J3590	Unclassified biologics (when specified as Aphexda)
J9999	Not otherwise classified, antineoplastic drugs (when specified as Aphexda)

ICD-10 Diagnosis

All diagnoses pend

Document History

New: 11/17/2023
Document History:

- 11/17/2023 - Select Review: Create new clinical criteria for Aphexda. Coding Reviewed: Added HCPCS J3490, J3590, J9999. All diagnoses pend.

References

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: October 16, 2023.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
4. Crees ZD, Rettig MP, Jayasinghe RG, et al. Motixafortide and G-CSF to mobilize hematopoietic stem cells for autologous transplantation in multiple myeloma: a randomized phase 3 trial. Nat Med. 2023;29(4):869-879.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on October 16, 2023.
    a. Hematopoietic Cell Transplantation (HCT). V3.2023. Revised October 9, 2023.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.