

Motixafortide (APHEXDA) for Hematopoietic Stem Cell Mobilization Criteria for Use August 2024

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the [PBM INTRAnet](#) site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive motixafortide.

- Leukemia diagnosis
- Pregnancy
- Lactating

Inclusion Criteria

All of the following criteria must be met.

- Care is provided by a VA/VA Community Care hematology or oncology provider.
- Plan for autologous transplantation for multiple myeloma

Additional Inclusion Criteria

The answer to ONE of the following criteria must be met:

- Allergy to plerixafor
- Prior mobilization attempt was insufficient following filgrastim and plerixafor

Additional Inclusion Criteria

- For patients who can become pregnant: Pregnancy must be excluded prior to receiving motixafortide.
- For patients who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception during therapy and for 8 days after stopping treatment.

Other Justification

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