



Commercial PA Criteria

Effective: July 31, 2024

Prior Authorization: Xolremdi (mavorixafor)

Products Affected: Xolremdi (mavorixafor) oral capsules

Medication Description: Indicated in patients ≥ 12 years of age with WHIM syndrome (Warts, Hypogammaglobulinemia, Infections, and Myelokathexis) to increase the number of circulating mature neutrophils and lymphocytes.

Covered Uses:

1. WHIM Syndrome

Exclusion Criteria:

1. Concomitant use with drugs that are highly dependent on CYP2D6 for clearance.

Required Medical Information:

1. Diagnosis
2. Medical History

Prescriber Restriction: The medication is prescribed by or in consultation with an immunologist, hematologist or dermatologist.

Age Restriction: Patient is ≥ 12 years of age

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. **WHIM syndrome.** Approve Xolremdi for the duration noted if the patient meets ONE of the following (A or B):
 - A. **Initial Therapy.** Approve if the patient meets ALL of the following (i, ii, iii, and iv):
 - i. Patient is ≥ 12 years of age; **AND**
 - ii. Genetic testing confirms pathogenic and or likely pathogenic variants in the CXCR4 gene; **AND**
 - iii. Patient meets ONE of the following (a or b):
 - a. At baseline, patient had an absolute neutrophil count ≤ 400 cells/ μ L; **OR**
 - b. At baseline, patient had a white blood cell count ≤ 400 cells/ μ L; **AND**
 - iv. The medication is prescribed by or in consultation with an immunologist, hematologist or dermatologist.
 - B. **Patient is Currently Receiving Xolremdi.** Approve if, according to the prescriber, the patient is continuing to derive benefit from Xolremdi as determined by the most recent objective measurement.

July 2024



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Note: Examples of objective measurements of a response to Xolremdi therapy are reduced frequency, duration, or severity of infections, less frequent treatment with antibiotics, fewer warts, or improved or stabilized clinical signs/symptoms of WHIM syndrome (e.g., absolute neutrophil count, white blood cell count, and absolute lymphocyte count).

References:

1. Xolremdi™ oral capsules [prescribing information]. Boston, MA: X4 Pharmaceuticals; April 2024.

Policy Revision history

| Rev # | Type of Change | Summary of Change | Sections Affected | Date |
|--------------|-----------------------|--------------------------|--------------------------|-------------|
| 1 | New Policy | New Policy | All | 07/31/2024 |

