

**XOLREMDI
(mavorixafor)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

WHIM syndrome (warts, hypogammaglobulinemia, infections and myelokathexis)

AND ALL of the following:

- a. Patient has a genotype-confirmed variant of CXCR4 consistent with WHIM syndrome
- b. Absolute neutrophil count (ANC) \leq 400 cells/ μ L
- c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Xolremdi and for 3 weeks after the last dose

Prior - Approval Limits

Quantity 400 mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

WHIM syndrome (warts, hypogammaglobulinemia, infections and myelokathexis)

AND ALL of the following:

- a. Patient has had a clinical benefit from therapy (e.g., increased ANC or ALC or a reduction in infections)



**BlueCross
BlueShield**

Federal Employee Program.

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- b. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Xolremdi and for 3 weeks after the last dose

Prior - Approval *Renewal* Limits

Same as above