BlueCross BlueShield Federal Employee Program

XOLREMDI
(mavorixafor)

RATIONALE FOR INCLUSION IN PA PROGRAM

Background

Xolremdi (mavorixafor) is a CXC Chemokine Receptor 4 (CXCR4) antagonist that blocks the binding of the CXCR4 ligand, stromal-derived factor-1α (SDF-1α)/CXC Chemokine Ligand 12 (CXCL12) SDF-1/CXCR4 plays a role in trafficking and homing of leukocytes to and from the bone marrow compartment. Gain of function mutations in the CXCR4 receptor gene that occur in patients with WHIM syndrome (warts, hypogammaglobulinemia, infections and myelokathexis) lead to increased responsiveness to CXCL12 and retention of leukocytes in the bone marrow. Xolremdi inhibits the response to CXCL12 in both wild-type and mutated CXCR4 mobilization of neutrophils and lymphocytes from the bone marrow into peripheral circulation (1).

Regulatory Status

FDA-approved indications: Xolremdi is a CXC chemokine receptor 4 antagonist indicated in patients 12 years of age and older with WHIM syndrome (warts, hypogammaglobulinemia, infections and myelokathexis) to increase the number of circulating mature neutrophils and lymphocytes (1).

Xolremdi has warnings regarding embryo-fetal toxicity and QTc interval prolongation. Women of reproductive potential should be advised to use effective contraception during treatment with Xolremdi and for three weeks after the final dose. Any modifiable risk factors for QTc prolongation (e.g., hypokalemia) should be corrected. QTc should be assessed at baseline and monitored during treatment as clinically indicated in patients with risk factors for QTc prolongation (1).

The safety and effectiveness of Xolremdi in pediatric patients less than 12 years of age have not been established (1).

Summary

Xolremdi (mavorixafor) is a CXC chemokine receptor 4 antagonist indicated in patients with WHIM syndrome (warts, hypogammaglobulinemia, infections and myelokathexis) to increase the number of circulating mature neutrophils and lymphocytes. Xolremdi may cause embryo-fetal toxicity and QTc interval prolongation. The safety and effectiveness of Xolremdi in pediatric patients less than 12 years of age have not been established (1).

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Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Xolremdi while maintaining optimal therapeutic outcomes.

References

1. Xolremdi [package insert]. Boston MA: X4 Pharmaceuticals, Inc.; September 2024.