

Specialty Guideline Management

Xolremdi

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Xolremdi	mavorixafor

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indication¹

Xolremdi is 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.

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Initial requests:

- Genetic testing results confirming a diagnosis of WHIM syndrome.

Reference number(s)
6492-A

- Laboratory results of neutrophil count.
- Chart notes or medical record documentation of at least one clinical manifestation of disease.

Continuation requests:

- Chart notes or medical record documentation of benefit from therapy.

Prescriber Specialties

This medication must be prescribed by or in consultation with an immunologist, pediatrician, hematologist, or dermatologist.

Coverage Criteria

WHIM Syndrome (Warts, Hypogammaglobulinemia, Infections, and Myelokathexis)¹⁻³

Authorization of 12 months may be granted for treatment of WHIM syndrome in members 12 years of age or older when all of the following criteria are met:

- Member has a genotype-confirmed variant of CXCR4 gene consistent with WHIM syndrome.
- Member has a confirmed low neutrophil count based on the reference laboratory range or current practice guidelines.
- Member exhibits at least one other clinical manifestation of disease (i.e., warts, hypogammaglobulinemia, infections, myelokathexis, lymphopenia, monocytopenia).

Continuation of Therapy

Authorization of 12 months may be granted for all members (including new members) requesting continuation of therapy when the member is experiencing benefit from therapy (e.g., improvement in absolute neutrophil count [ANC], improvement in absolute lymphocyte count [ALC], reduction in infections).¹

References

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

Reference number(s)
6492-A

2. National Organization for Rare Disorders (NORD). WHIM syndrome. Rare Disease Database. <https://rarediseases.org>. Published 2013. Last updated January 16, 2024. Accessed June 12, 2025.
3. Badolato R, Donadieu J, WHIM Research Group. How I treat warts, hypogammaglobulinemia, infections, and myelokathexis syndrome. *Blood*. 2017;130(23):2491-2498. doi: 10.1182/blood-2017-02-708552.