Mass General Brigham
Health Plan

Xolremdi (mavorixafor)
Effective 11/01/2024

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Xolremdi (mavorixafor) 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.

Coverage Guidelines
Authorization may be reviewed for members new to the plan within the last 90 days who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when ALL the following criteria are met:

1. Member has a diagnosis of WHIM (warts, hypogammaglobulinemia, infections, and myelokathexis) syndrome
2. Member is 12 years of age or older
3. Documentation member has a genotype-confirmed variant of CXCR4
4. Xolremdi is prescribed by or in consultation with an immunologist, hematologist, dermatologist, or infectious disease specialist
5. Member has an absolute neutrophil count (ANC) ≤ 400 cells/microliter

Continuation of Therapy
Requests for reauthorization will be approved when all of the following criteria are met:

1. Documentation the member has had a positive clinical response to therapy (e.g., improvement in absolute neutrophil count (ANC) or absolute lymphocyte count (ALC); reduced infection frequency, duration, or severity; decreased number of warts; improvement in symptoms)

Limitations

1. Initial requests will be approved for 6 months.
2. Reauthorization requests will be approved for 12 months.

References

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11. McDermott DH, Velez D, Cho E, Cowen EW, et al. A phase III randomized crossover trial of plerixafor versus G-CSF for treatment of WHIM syndrome. *J Clin Invest*. 2023;133(19):e164918. doi: 10.1172/JCI164918.
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Review History

09/11/2024 – Reviewed at September P&T. Effective 11/01/2024.