

<b>POLICY NAME</b>	Xolremdi (mavorixafor)	<b>POLICY #</b>	2773P
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## Criteria

### Coverage Criteria

- ☐ Diagnosis of WHIM (warts, hypogammaglobulinemia, infections, and myelokathexis) syndrome confirmed by pathogenic and or likely pathogenic variants in the CXCR4 gene
- ☐ Documentation of symptoms and complications associated with WHIM syndrome (e.g. warts, hypogammaglobulinemia, recurrent infections, and myelokathexis)
- ☐ Documentation of member's baseline absolute lymphocyte count (ALC) and number of infections experienced within the last year
- ☐ Age 12 years or older
- ☐ Prescribed by or in consultation with an immunologist, geneticist, or hematologist
- ☐ Baseline absolute neutrophil count (ANC) is  $\leq 400$  cells/ $\mu$ L
- ☐ Review of clinical documentation and confirming that patient has met all of the above requirements for treatment completed by both a pharmacist and medical director