

POLICY NAME	Xolremdi (mavoxiafor)	POLICY #	
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Criteria

Coverage Criteria

- ☐ **1.1** Diagnosis of WHIM (warts, hypogammaglobulinemia, infections, and myelokathexis) syndrome confirmed by pathogenic and or likely pathogenic variants in the CXCR4 gene
- ☐ **1.2** Documentation of symptoms and complications associated with WHIM syndrome (e.g. warts, hypogammaglobulinemia, recurrent infections, and myelokathexis)
- ☐ **1.3** Documentation of member's baseline absolute lymphocyte count (ALC) and number of infections experienced within the last year
- ☐ **1.4** Age 12 years or older
- ☐ **1.5** Prescribed by or in consultation with an immunologist, geneticist, or hematologist
- ☐ **1.6** Baseline absolute neutrophil count (ANC) is ≤ 400 cells/ μ L
- ☐ **1.7** 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