

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Mavorixafor (Xolremdi)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **mavorixafor (Xolremdi)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by an Allergist/Immunologist
- Patient is at least 12 years of age
- Patient has a clinical diagnosis of WHIM (warts, hypogammaglobulinemia, infections, and myelokathexis) syndrome
 - Diagnosis confirmed by CXCR4 gene mutation
- Absolute neutrophil count (ANC) is less than 400 cells/microliter OR if ANC below lower limit of detection Initial approval; then total white blood cell (WBC) count is between 0 and 400 cells/microliter
- Treatment with a granulocyte-colony stimulating factor (G-CSF) (e.g., filgrastim, tbo-filgrastim, or filgrastim biosimilar) has been ineffective, contraindicated, or not tolerated.

Continued use criteria (12 months after initiation): Non-formulary **mavorixafor (Xolremdi)** will continue to be covered on the prescription drug benefit when the following criteria are met:

- Patient has a documented benefit from therapy, including any of the following:
 - Reduced frequency, duration, or severity of infections
 - Less frequent treatment with antibiotics
 - Fewer warts
 - improved or stabilized clinical signs/symptoms of WHIM syndrome (e.g., absolute neutrophil count, white blood cell count, and absolute lymphocyte count).