Reference number(s)
7586-A

Specialty Guideline Management Zenbexus

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
Zenbexus	iberdomide

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 Indications[1]

Zenbexus is indicated, in combination with daratumumab and hyaluronidase-fihj and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least one prior line of therapy including a proteasome inhibitor and an immunomodulatory agent.

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

Compendial Uses[2,3]

- POEMS (Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal Protein, Skin Changes) Syndrome
- Plasma cell-related Monoclonal Immunoglobulin Deposition Disease (MIDD)
- Plasma cell-related Monoclonal Gammopathy of Renal Significance (MGRS)

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Reference number(s)
7425-A

Coverage Criteria

Multiple Meyloma[1,2]

Authorization of 12 months may be granted for treatment of multiple myeloma when all of the following criteria are met:

- Member has received at least one prior line of therapy which included a proteasome inhibitor and an immunomodulatory agent.
- The requested medication will be used in combination with dexamethasone and daratumumab (Darzalex) or daratumumab and hyaluronidase-fihj (Darzalex Faspro).

POEMS (Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal Protein, Skin Changes) Syndrome, plasma cell-related Monoclonal Immunoglobulin Deposition Disease (MIDD), plasma cell-related Monoclonal Gammopathy of Renal Significance (MGRS)[2,3]

Authorization of 12 months may be granted for treatment of POEMS syndrome, plasma cell-related MIDD, or plasma cell-related MGRS when all of the following criteria are met:

- Member has received at least one prior line of therapy which included a proteasome inhibitor and an immunomodulatory agent.
- The requested medication will be used in combination with dexamethasone and daratumumab (Darzalex) or daratumumab and hyaluronidase-fihj (Darzalex Faspro).

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Zenbexus [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; August 2026.
2. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed September 10, 2026.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Multiple Myeloma. Version 1.2027. Available at: https://www.nccn.org. Accessed September 10, 2026.

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