

**XPOVIO
(selinexor)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Multiple myeloma (MM)
 - a. Patient has received at least one prior therapy
 - b. Used in combination with bortezomib and dexamethasone
2. Relapsed or refractory multiple myeloma (RRMM)
 - a. Patient has received at least four prior therapies
 - b. Disease is refractory to at least two proteasome inhibitors (see Appendix 1)
 - c. Disease is refractory to at least two immunomodulatory agents (see Appendix 1)
 - d. Disease is refractory to an anti-CD38 monoclonal antibody (see Appendix 1)
 - e. Used in combination with dexamethasone
3. Relapsed or refractory diffuse large B-cell lymphoma (DLBCL)
 - a. Patient has received at least two prior lines of systemic therapy

AND ALL of the following:

- a. Patient will receive prophylactic treatment with a 5-HT3 antagonist (e.g., dolasetron, granisetron, ondansetron, palonosetron etc) and/or other anti-nausea agents prior to and during treatment with Xpovio
- b. Prescriber agrees to monitor complete blood count (CBC), standard blood chemistry, and body weight
- c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Xpovio and for 1 week after the final dose
- d. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Xpovio and for 1 week after the final dose

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Prior - Approval Limits

Quantity

Strength	Quantity Limit
10 mg tablets	96 tablets per 84 days
20 mg tablets	
40 mg tablets	
50 mg tablets	
60 mg tablets	

Weekly Dose	Strength per tablet	Carton	Blister Pack
40 mg <u>once</u> weekly	10 mg	4 blister packs (16 tablets total in the carton)	Each blister has four 10 mg tablets
40 mg <u>once</u> weekly	20 mg	4 blister packs (8 tablets total in the carton)	Each blister has two 20 mg tablets
40 mg <u>once</u> weekly	40 mg	4 blister packs (4 tablets total in the carton)	Each blister has one 40 mg tablet
40 mg <u>twice</u> weekly	20 mg	4 blister packs (16 tablets total in the carton)	Each blister has four 20 mg tablets
40 mg <u>twice</u> weekly	40 mg	4 blister packs (8 tablets total in the carton)	Each blister has two 40 mg tablets
60 mg <u>once</u> weekly	20 mg	4 blister packs (12 tablets total in the carton)	Each blister has three 20 mg tablets
60 mg <u>once</u> weekly	60 mg	4 blister packs (4 tablets total in the carton)	Each blister has one 60 mg tablet
60 mg <u>twice</u> weekly	20 mg	4 blister packs (24 tablets total in the carton)	Each blister has six 20 mg tablets
80 mg <u>once</u>	20 mg	4 blister packs	Each blister has four 20 mg

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weekly		(16 tablets total in the carton)	tablets
80 mg <u>once</u> weekly	40 mg	4 blister packs (8 tablets total in the carton)	Each blister has two 40 mg tablets
80 mg <u>twice</u> weekly	20 mg	4 blister packs (32 tablets total in the carton)	Each blister has eight 20 mg tablets
100 mg <u>once</u> weekly	20 mg	4 blister packs (20 tablets total in the carton)	Each blister has five 20 mg tablets
100 mg <u>once</u> weekly	50 mg	4 blister packs (8 tablets total in the carton)	Each blister has two 50 mg tablets

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Multiple myeloma (MM)
 - a. Used in combination with bortezomib and dexamethasone
2. Relapsed or refractory multiple myeloma (RRMM)
 - a. Used in combination with dexamethasone
3. Relapsed or refractory diffuse large B-cell lymphoma (DLBCL)

AND ALL of the following:

- a. **NO** disease progression or unacceptable toxicity
- b. Patient will receive prophylactic treatment with a 5-HT3 antagonist (e.g., dolasetron, granisetron, ondansetron, palonosetron etc) and/or other anti-nausea agents prior to and during treatment with Xpovio
- c. Prescriber agrees to monitor complete blood count (CBC), standard blood chemistry, and body weight

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- d. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Xpovio and for 1 week after the final dose
- e. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Xpovio and for 1 week after the final dose

Prior - Approval *Renewal* Limits

Same as above

Appendix 1 - List of Multiple Myeloma Medications**Proteasome Inhibitors**

Generic Name	Brand Name
carfilzomib	Kyprolis
ixazomib	Ninlaro
bortezomib	Velcade

Immunomodulatory Agents

Generic Name	Brand Name
pomalidomide	Pomalyst
lenalidomide	Revlimid
thalidomide	Thalomid

Anti-CD38 Monoclonal Antibody

Generic Name	Brand Name
daratumumab	Darzalex
daratumumab and hyaluronidase-fihj	Darzalex Faspro
isatuximab-irfc	Sarclisa