

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R <input type="text"/>			Physician Signature:		
PHYSICIAN COMPLETES						

Xpovio (selinexor)

**Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

NOTE: Form must be completed in its **entirety** for processing

Is this request for brand or generic? ☐ Brand ☐ Generic

Will the patient need more than 96 tablets every 84 days? ☐ Yes* ☐ No

*If YES, please specify the requested quantity: _____ tablets every 84 days

1. Has the patient been on Xpovio continuously for the last **6 months, excluding samples**? *Please select answer below:*

☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:

a. What is the patient's diagnosis?

☐ Multiple myeloma

i. Will Xpovio be used in combination with bortezomib and dexamethasone? ☐ Yes ☐ No

ii. Has the patient received at least one prior therapy? ☐ Yes ☐ No

☐ Relapsed or refractory diffuse large B-cell lymphoma (DLBCL)

i. Has the patient received at least two prior lines of systemic therapy? ☐ Yes ☐ No

☐ Relapsed or refractory multiple myeloma (RRMM)

i. Will Xpovio be used in combination with dexamethasone? ☐ Yes ☐ No

ii. Has the patient received at least four prior therapies? ☐ Yes ☐ No

iii. Is the patient's disease refractory to at least two *proteasome inhibitors? ☐ Yes ☐ No

**Proteasome Inhibitors: Kyprolis (carfilzomib), Ninlaro (ixazomib), Velcade (bortezomib)*

iv. Is the patient's disease refractory to at least two *immunomodulatory agents? ☐ Yes ☐ No

**Immunomodulatory Agents: Pomalyst (pomalidomide), Revlimid (lenalidomide), Thalomid (thalidomide)*

v. Is the patient's disease refractory to an *anti-CD38 monoclonal antibody? ☐ Yes ☐ No

**Anti-CD38 Monoclonal Antibody: Darzalex (daratumumab), Sarclisa (isatuximab-irfc)*

☐ Other diagnosis (*please specify*): _____

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following questions:

a. What is the patient's diagnosis?

☐ Multiple myeloma

i. Will Xpovio be used in combination with bortezomib and dexamethasone? ☐ Yes ☐ No

☐ Relapsed or refractory diffuse large B-cell lymphoma (DLBCL)

☐ Relapsed or refractory multiple myeloma (RRMM)

i. Will Xpovio be used in combination with dexamethasone? ☐ Yes ☐ No

☐ Other diagnosis (*please specify*): _____

b. Has the patient experienced disease progression or unacceptable toxicity while on Xpovio? ☐ Yes ☐ No

PLEASE PROCEED TO PAGE 2 FOR ADDITIONAL QUESTIONS

PAGE 1 of 2



Federal Employee Program.

**XPOVIO
PRIOR APPROVAL REQUEST**

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

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Patient Name: _____ DOB: _____ Patient ID: R _____

2. Will the patient receive prophylactic treatment with a *5-HT3 antagonist and/or other anti-nausea agents prior to and during treatment with Xpovio? ☐Yes ☐No

**5-HT3 Antagonists: dolasetron (Anzemet), granisetron (Sustol, Sancuso), ondansetron (Zofran, Zuplenz), palonosetron (Aloxi)*

3. Does the prescriber agree to monitor complete blood count (CBC), standard blood chemistry, and body weight? ☐Yes ☐No

4. **FEMALE Patient:** Is the patient of reproductive potential? ☐Yes* ☐No

**If YES*, will the patient be advised to use effective contraception during treatment with Xpovio and for one week after the final dose? ☐Yes ☐No

MALE Patient: Does the patient have a female partner of reproductive potential? ☐Yes* ☐No

**If YES*, will the patient be advised to use effective contraception during treatment with Xpovio and for one week after the final dose? ☐Yes ☐No