Reference number(s)
3119-A

Specialty Guideline Management
Xpovio

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
Xpovio	selinexor

Indications

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

- Xpovio is indicated in combination with bortezomib and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy.
- Xpovio is indicated in combination with dexamethasone for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior therapies and whose disease is refractory to at least two proteasome inhibitors, at least two immunomodulatory agents, and an anti-CD38 monoclonal antibody.
- Xpovio is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, including DLBCL arising from follicular lymphoma, after at least 2 lines of systemic therapy.

Compendial Uses[2]

- Multiple myeloma
- B-cell lymphomas

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

Coverage Criteria

Multiple Myeloma[1,2]

Authorization of 12 months may be granted for the treatment of multiple myeloma in any of the following settings:

- The requested medication will be used in combination with dexamethasone for relapsed or refractory disease and all of the following are met:
  - The member has received at least four prior therapy regimens
  - The member is refractory to at least two proteasome inhibitors
  - The member is refractory to at least two immunomodulatory agents
  - The member is refractory to an anti-CD38 monoclonal antibody
- The requested medication will be used for relapsed or progressive disease in combination with any of the following:
  - Bortezomib and dexamethasone
  - Daratumumab and dexamethasone
  - Carfilzomib and dexamethasone
  - Pomalidomide and dexamethasone, after member has received at least two prior therapies, including an immunomodulatory agent and a proteasome inhibitor

B-Cell Lymphomas[1-3]

Authorization of 12 months may be granted as a single agent for the treatment of B-cell lymphoma when all of the following criteria are met:

- Member has partially responsive, non-responsive, progressive, relapsed, or refractory disease
- Member has received at least 2 prior lines of systemic therapy (includes transplant or CAR T-cell therapy)
- Member has one of the following B-cell lymphoma subtypes:
  - HIV-related diffuse large B-cell lymphoma (DLBCL)
  - HIV-related primary effusion lymphoma
  - HIV-related HHV8-positive DLBCL
  - DLBCL, including transformed DLBCL arising from follicular lymphoma
  - High-grade B-cell lymphoma
  - Monomorphic post-transplant lymphoproliferative disorder (B-Cell type)

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. Xpovio [package insert]. Newton, MA: Karyopharm Therapeutics Inc.; March 2025.
2. The NCCN Drugs & Biologics Compendium® 2025 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed May 6, 2025.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: B-Cell Lymphomas Version 2.2025. https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf. Accessed May 7, 2025.