

**Generic Name:** selinexor

**Therapeutic Class or Brand Name:** Xpovio®

**Applicable Drugs (if Therapeutic Class):**

Antineoplastic

**GPI Code:** 2156006000

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 8/5/2019

**Date Last Reviewed / Revised:** N/A

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of relapsed or refractory multiple myeloma and the following criteria are met:
  - A. Documented trial and failure of at least four prior therapies.
  - B. Disease is refractory to at least two proteasome inhibitors (bortezomib, carfilzomib, ixazomib).
  - C. Disease is refractory to at least two immunomodulatory agents (thalidomide, lenalidomide, pomalidomide).
  - D. Disease is refractory to an anti-CD38 monoclonal antibody (such as daratumumab).
- II. Must be used in combination with dexamethasone.
- III. Verify patient's pregnancy potential prior to initiating selinexor.
- IV. Prescribing physician must be an oncologist.

## EXCLUSION CRITERIA

- None.

## OTHER CRITERIA

- N/A

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- Up to 4 blister packs of eight 20 mg tablets every 28 days

## APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

**APPENDIX**

N/A

**REFERENCES**

1. Jagannath S, Vogl D, Dimopoulos M et al. Phase 2b Results of the STORM Study: Oral Selinexor plus Low Dose Dexamethasone (Sd) in Patients with Penta-Refractory Myeloma (penta-MM). *Clinical Lymphoma Myeloma and Leukemia*. 2018;18:S249-S250. doi:10.1016/j.clml.2018.07.149
2. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2019/212306s000lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/212306s000lbl.pdf)
3. Medi-Span.

**HISTORICAL TRACKING OF CHANGES MADE TO POLICY**

Date	Notes/Changes
8/5/2019	1. New Policy

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.