

Commercial/Healthcare Exchange PA Criteria Effective: October 18th, 2019

Prior Authorization: Xpovio

Products Affected: Xpovio (selinexor) oral tablets

Medication Description: Xpovio (selinexor) is a reversible nuclear exportin 1 (XPO1) inhibitor that causes apoptosis of cancer cells by inhibiting tumor suppressor proteins (TSPs), growth regulators, and mRNAs of oncogenic proteins.

Covered Uses:

1. Relapsed or refractory multiple myeloma (RRMM)
2. Relapsed or refractory diffuse large B-cell lymphoma (DLBCL)

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous medications tried and failed
3. Current therapy regimen

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, an oncologist.

Coverage Duration: 3 years

Other Criteria:

Relapsed or refractory multiple myeloma (RRMM)

1. Patient has received at least four prior therapies; **AND**
2. Patient's disease is refractory to at least:
 - a. TWO proteasome inhibitors (e.g. Velcade, Kyprolis, Ninlaro); **AND**
 - b. TWO immunomodulatory agents (e.g. Pomalyst, Revlimid); **AND**
 - c. An anti-CD38 monoclonal antibody (e.g. Darzalex); **AND**
3. Xpovio will be used in combination with dexamethasone.

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

1. Patient has relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, including DLBCL arising from follicular lymphoma; **AND**
2. Patient has had at least two prior lines of systemic therapies for DLBCL

References:

1. Xpovio™ tablets [prescribing information]. Newton, MA: Karyopharm Therapeutics, Inc.; July 2019.
2. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2019
3. Vogl DT, Dingli D, Cornell RF, et al. Selective inhibition of nuclear export with oral selinexor for treatment of relapsed or refractory multiple myeloma. *J Clin Oncol*. 2018.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/07/2019
2	Policy Update	Added New indication for DLBCL	Covered Uses Other Criteria	7/15/2020