



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

SELINEXOR

Generic	Brand	HICL	GCN	Exception/Other
SELINEXOR	XPOVIO	45854		

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of relapsed or refractory multiple myeloma (RRMM) and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The requested medication will be used in combination with dexamethasone
- The patient has received at least four prior therapies for the treatment of RRMM
- The patient's RRMM is refractory to **ALL** of the following:
  - Two proteasome inhibitors (e.g., bortezomib, carfilzomib)
  - Two immunomodulatory agents (e.g., lenalidomide, pomalidomide)
  - One anti-CD38 monoclonal antibody (e.g., daratumumab)

If yes, **approve for 12 months by GPID for all strengths as follows:**

- **Xpovio 60mg weekly dose (GPID 46637): #12 tablets per 28 days.**
- **Xpovio 80mg weekly dose (GPID 46636): #16 tablets per 28 days.**
- **Xpovio 100mg weekly dose (GPID 46635): #20 tablets per 28 days.**
- **Xpovio 160mg weekly dose (GPID 46634): #32 tablets per 28 days.**

If no, do not approve.

**DENIAL TEXT:** The guideline named **SELINEXOR (Xpovio)** requires a diagnosis of relapsed or refractory multiple myeloma (RRMM). In addition, the following criteria must be met:

- The patient is 18 years of age or older
- The requested medication will be used in combination with dexamethasone
- The patient has received at least four prior therapies for the treatment of RRMM
- The patient's RRMM is refractory to **ALL** of the following:
  - Two proteasome inhibitors (e.g., bortezomib, carfilzomib)
  - Two immunomodulatory agents (e.g., lenalidomide, pomalidomide)
  - One anti-CD38 monoclonal antibody (e.g., daratumumab)

**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Xpovio.

**REFERENCES**

- Xpovio [Prescribing Information]. Newton, MA: Karyopharm Therapeutics Inc.; July 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 08/01/19

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P&T Approval: 07/19