

## selinexor (XPOVIO)

### Diagnosis Considered for Coverage:

- Multiple myeloma- recurrent or relapsed
- Diffuse large B-cell lymphoma (DLBCL)
- AIDS-Related B-Cell Lymphomas
- High-Grade B-Cell Lymphomas
- Post-transplant Lymphoproliferative disorders (PTLD) B-Cell Lymphomas

### Coverage Criteria:

#### 1. For treatment of multiple myeloma:

- Disease is relapsed or refractory, **and**
- Dose does not exceed NCCN recommended dose, **and**
- One of the following:
  - a. Combination use with bortezomib and dexamethasone, or
  - b. Combination use with daratumumab and dexamethasone, or
  - c. Combination use with carfilzomib and dexamethasone, or
  - d. Combination use with pomalidomide and dexamethasone in patients who have received at least TWO prior therapies including an immunomodulatory agent and a proteasome inhibitor, or
  - e. Being used in combination with dexamethasone, and patient has received at least FOUR prior systemic therapies including at least 2 proteasome inhibitors, 2 immunomodulatory agents, and an anti-CD38 monoclonal antibody

Examples		
Proteasome inhibitors	Immunomodulatory agents	Anti-CD38 monoclonal antibodies
<ul style="list-style-type: none"> <li>• bortezomib (Velcade IV)</li> <li>• ixazomib (Ninlaro)</li> <li>• carfilzomib (Kyprolis IV)</li> </ul>	<ul style="list-style-type: none"> <li>• lenalidomide (Revlimid)</li> <li>• pomalidomide (Pomalyst)</li> <li>• thalidomide (Thalomid)</li> </ul>	<ul style="list-style-type: none"> <li>• daratumumab (Darzalex IV)</li> <li>• isatuximab-irfc (Sarclisa IV)</li> </ul>

#### 2. For diagnosis of B-cell lymphoma:

- Being used as a single agent, **and**
- One of the following:
  - Diffuse Large B-Cell Lymphoma, or
  - High-Grade B-Cell Lymphoma, or
  - HIV-Related B-Cell Lymphoma, or
  - Post-Transplant Lymphoproliferative Disorders, and
- Meets one of the following (Being used as third-line and subsequent therapy):

- Patient has received at least 2 lines of systemic therapy for DLBCL, or
  - After transplant, or
  - After CAR T-cell therapy,
- and**
- Dose does not exceed 60 mg given on days #1 and #3 of each week.

Coverage Duration: one year

Effective Date: 02/28/2024