

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Selinexor (Xpovio)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Non-formulary **selinexor (Xpovio)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology
- Patient is greater than or equal to 18 years of age
- Diagnosis of multiple myeloma AND trial and failure of four lines of treatment including at least two proteasome inhibitors, at least two immunomodulatory agents, and an anti-CD38 monoclonal antibody

-OR-

- Diagnosis of Diffuse Large B-Cell Lymphoma AND trial and failure of two lines of treatment, including patients with progression after transplant or CAR T-cell therapy

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non- formulary **selinexor (Xpovio)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology
- Patient is greater than or equal to 18 years of age
- Diagnosis of multiple myeloma

-OR-

- Diagnosis of Diffuse Large B-Cell Lymphoma

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non- formulary **selinexor (Xpovio)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology
- Patient is greater than or equal to 18 years of age
- Diagnosis of multiple myeloma

-OR-

- Diagnosis of Diffuse Large B-Cell Lymphoma

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