Applicable Drugs: Xpovio (selinexor)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/5/2019

Date Last Reviewed / Revised: 10/16/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to V are met)

I. Documentation of one of the following FDA-approved diagnosis AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Multiple Myeloma and meets one of the following criteria i or ii:

i. Documented intolerance to or disease progression on at least one prior therapy.

a. Xpovio will be used in combination with bortezomib and dexamethasone.

ii. Documented intolerance to or disease progression on at least four prior therapies.

a. Disease is refractory to at least two proteasome inhibitors [e.g., bortezomib, Kyprolis (carfilzomib), ixazomib (Ninlaro), etc.], at least two immunomodulatory agents [e.g., Thalomid (thalidomide), lenalidomide, Pomalyst (pomalidomide), etc.], and at least one anti-CD38 monoclonal antibody [e.g., Darzalex (daratumumab), Sarclisa (isatuximab), etc.].

b. Xpovio will be used in combination with dexamethasone.

Other Uses With Supportive Evidence

B. B-Cell Lymphomas

C. Multiple Myeloma

II. Minimum Age Requirement: 18 years old

III. Treatment must be prescribed by or in consultation with an oncologist or hematologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.

V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

Exclusion Criteria

- N/A

Other Criteria

N/A

Quantity / Days Supply Restrictions

- Used in combination with bortezomib and dexamethasone (XVd):
  - Maximum recommended dose: 100 mg Xpovio orally once weekly
  - Maximum quantity allowed: 28-day supply
- Used in combination with dexamethasone (Xd):
  - Maximum recommended dose: 80 mg Xpovio orally on days 1 and 3 of each week
  - Maximum quantity allowed: 28-day supply

Approval Length

- **Authorization:** 6 months.
- **Re-authorization:** 6 months, an updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

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. Xpovio. Prescribing Information. Karyopharm Therapeutics Inc., 2025. Accessed October 15, 2026. www.karyopharm.com/wp-content/uploads/2019/07/NDA-212306-SN-0071-Prescribing-Information-01July2019.pdf
3. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Multiple Myeloma. Version 2.2027. Updated September 24, 2026. Accessed October 15, 2026. https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf

4. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. B-Cell Lymphomas. Version 4.2026. Updated May 20, 2026. Accessed October 15, 2026. https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf

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.