



May 24, 2021

RE: Ninlaro®, Sarclisa®, Xpovio®

Effective June 7, 2021, Ninlaro® (ixazomib), Sarclisa® (isatuximab-irfc), and Xpovio® (selinexor) will require prior authorization. SoonerCare members currently taking these medications will be approved for continuation of therapy. New requests for these medications need to be submitted on the drug-specific prior authorization form, found on the OHCA website at <https://oklahoma.gov/ohca/providers/forms/rxforms.html>. All medication prior authorization requests need to be submitted to the Pharmacy Prior Authorization Unit at the fax number located at the bottom of the form.

Medication	Form
Ninlaro®	Pharm-183
Sarclisa®	Pharm-147
Xpovio®	Pharm-184

The prior authorization criteria for reimbursement is as follows:

Ninlaro® (Ixazomib) Approval Criteria [Multiple Myeloma Diagnosis]:

1. Diagnosis of symptomatic multiple myeloma; and
2. Used in 1 of the following settings:
 - a. As primary therapy; or
 - b. Following disease relapse after 6 months following primary induction therapy with the same regimen, used in combination with 1 of the following regimens:
 - i. Lenalidomide and dexamethasone; or
 - ii. Cyclophosphamide and dexamethasone for transplant candidates only; or
 - iii. Pomalidomide and dexamethasone if member has failed ≥2 prior therapies and demonstrated disease progression within 60 days; or
 - c. As a single-agent for the maintenance treatment of disease.

Sarclisa® (Isatuximab-irfc) Approval Criteria [Multiple Myeloma Diagnosis]:

1. Diagnosis of relapsed or refractory multiple myeloma (RRMM) after ≥2 prior therapies; and
 - a. Previous treatment must have included lenalidomide and a proteasome inhibitor; and
 - b. Used in combination with pomalidomide and dexamethasone; or
2. Diagnosis of RRMM after 1 to 3 prior therapies; and
 - a. Used in combination with carfilzomib and dexamethasone.

Xpovio® (Selinexor) Approval Criteria [Multiple Myeloma Diagnosis]:

1. Diagnosis of relapsed or refractory multiple myeloma (RRMM); and
2. Used in 1 of the following settings:
 - a. In combination with dexamethasone in members who have received ≥4 prior therapies including refractory disease to ≥2 proteasome inhibitors, ≥2 immunomodulatory agents, and an anti-CD38 monoclonal antibody; or
 - b. Used in combination with bortezomib and dexamethasone in members who have failed at least 1 prior therapy.

Xpovio® (Selinexor) Approval Criteria [Diffuse Large B-Cell Lymphoma (DLBCL) Diagnosis]:

1. Diagnosis of relapsed/refractory DLBCL, not otherwise specified, including DLBCL arising from follicular lymphoma; and
2. Member has received ≥2 prior lines of systemic therapy.

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ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysoonercare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767