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.

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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.

Thank you for the services you provide to Oklahomans insured by SoonerCare!