DRUG POLICY

Zenbexus® (iberdomide)

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Zenbexus is indicated, in combination with daratumumab and hyaluronidase-fihj and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least one prior line of therapy including a proteasome inhibitor and an immunomodulatory agent.

Compendial Uses

1. POEMS (Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal Protein, Skin Changes) syndrome
2. Plasma cell-related monoclonal immunoglobulin deposition disease (MIDD)
3. Plasma cell-related monoclonal gammopathy of renal significance (MGRS)

POLICY

Criteria for Initial Approval

Multiple Myeloma

Authorization of 12 months may be granted for treatment of multiple myeloma when all of the following criteria are met:

1. Member has received at least one prior line of therapy which included a proteasome inhibitor and an immunomodulatory agent.

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2. The requested medication will be used in combination with dexamethasone and daratumumab (Darzalex) or daratumumab and hyaluronidase-fihj (Darzalex Faspro).

POEMS (Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal Protein, Skin Changes) Syndrome, plasma cell-related Monoclonal Immunoglobulin Deposition Disease (MIDD), plasma cell-related Monoclonal Gammopathy of Renal Significance (MGRS)

Authorization of 12 months may be granted for the treatment of POEMS syndrome, plasma cell-related MIDD, or plasma cell-related MGRS when all of the following criteria are met:

1. Member has received at least one prior line of therapy which included a proteosome inhibitor and an immunomodulatory agent
2. The requested medication will be used in combination with dexamethasone and daratumumab (Darzalex) or daratumumab and hyaluronidase-fihj (Darzalex Faspro).

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Other

Zenbexus (iberdomide) is considered **not medically necessary** for members who do not meet the criteria set forth above.

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Quantity Limits Apply

Medication	Standard Limit	FDA Recommended Dosing
Zenbexus (iberdomide) 0.75 mg	1 capsule/day	1 mg orally once daily on days 1 to 21 of repeated 28 day cycle
Zenbexus (iberdomide) 1 mg	1 capsule/day	

REFERENCES

- Zenbexus [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; August 2026.
- The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed September 10, 2026.
- National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Multiple Myeloma. Version 1.2027. Available at: https://www.nccn.org. Accessed September 10, 2026.

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POLICY HISTORY

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