



Prior Authorization Criteria

Farydak (panobinostat) PA Criteria:

Farydak, a histone deacetylase inhibitor, in combination with bortezomib and dexamethasone, is indicated for the treatment of patients with multiple myeloma who have received at least 2 prior regimens, including bortezomib and an immunomodulatory agent.

Diagnosis: _____

ICD-10 code(s) plus description: _____

Farydak may be approved if ALL the following criteria are met:

Initial Request:

Yes No Prescriber is or has consulted with an oncologist

AND

Yes No Is the patient being treated for multiple myeloma

AND

Yes No Is the Farydak being used in combination with:

- Velcade (bortezomib) and dexamethasone **OR**
- Kyprolis (carfilzomib)* **OR**
- Revlimid (lenalidomide) and dexamethasone*

AND

Yes No Has the patient received at least 2 prior treatment regimens including BOTH:

- Velcade (bortezomib) **AND**
- Immunomodulator therapy

Authorization will be given for 12 months.

Reauthorization Request:

Additional treatments will be authorized if patient does not show evidence of progressive disease.

*Per NCCN compendia