

FARYDAK (panobinostat, oral)

Diagnosis Considered for Coverage:

- Multiple myeloma (MM)

Coverage Criteria:

For diagnosis above:

Initial Request

- Disease progression despite treatment with TWO prior therapies for MM including an immunomodulator (e.g. lenalidomide, thalidomide) and Velcade (bortezomib), **and**
- Being used in combination with Velcade (bortezomib) and dexamethasone, **and**
- Dose does not exceed 20 mg given once every other day for 3 doses per week (days #1, #3, #5, #8, #10 and #12) of week #1 & #2 of each 3 week cycle for 8 cycles.

Coverage Duration: 24 weeks (8 cycles)

Reauthorization - one time only

- Patient has stable disease or has responded to initial therapy as demonstrated by urine or serum M proteins levels, **and**
- Patient is without unresolved severe or medically significant toxicity, **and**
- Being used in combination with Velcade (bortezomib) and dexamethasone, **and**
- Dose does not exceed 20 mg given once every other day for 3 doses per week (days #1, #3, #5, #8, #10 and #12) of each 3 week cycle for 8 cycles.

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Effective: 2/04/2020