Reference number(s)
2231-A

SPECIALTY GUIDELINE MANAGEMENT

FARYDAK (panobinostat)

POLICY

I. INDICATIONS

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.

A. FDA-Approved Indication
Farydak, 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.

B. Compendial Uses
1. In combination with bortezomib and dexamethasone for previously treated multiple myeloma
2. In combination with carfilzomib or in combination with dexamethasone and lenalidomide for previously treated multiple myeloma for patients who have received at least 2 prior regimens, including bortezomib and an immunomodulatory agent

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Multiple Myeloma
Authorization of 12 months may be granted for the treatment of previously treated multiple myeloma when any of the following criteria are met:
1. The requested medication will be used in combination with bortezomib and dexamethasone
2. The member has received at least two prior regimens, including bortezomib and an immunomodulatory agent, and will be used in combination with carfilzomib or with lenalidomide and dexamethasone.

III. CONTINUATION OF THERAPY

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

IV. REFERENCES

1. Farydak [package insert]. Las Vegas, NV: Secura Bio, Inc.; September 2019.
2. The NCCN Drugs & Biologics Compendium 2021 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed October 6, 2021.