

Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Medicare Part B Medicare Part D
 This request is: Expedited request Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Farydak™ (panobinostat)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product and Billing Information

New Request Continuation Request

Drug product: Farydak 10 mg capsule Farydak 15 mg capsule Farydak 20 mg capsule
 Start date (or date of next dose): _____
 Dose: _____ Dose Frequency: _____

Drug cost information

The wholesale acquisition cost for Farydak is \$1,143.34 for each capsule. The total cost of a 16-cycle treatment with this drug is more than \$109,760.00.

Prior authorization Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be prescribed for treatment of multiple myeloma
2. Must first try two prior therapies, including Velcade (bortezomib) and an immunomodulatory agent
3. Farydak must be taken with Velcade and dexamethasone

When authorized, Priority Health covers a maximum of 16 cycles (48 weeks) of Farydak in a lifetime and each fill is limited to 6 capsules.

Medically accepted indication

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information, the DRUGDEX Information System, and the USPDI or its successor.)

Priority Health Precertification Documentation

A. What condition is this drug being prescribed for?

- Multiple myeloma
- Other: _____

Rationale for use: _____

B. Which of the following drugs has the patient previously used?

- Pomalyst
- Revlimid
- Thalomid
- Velcade

None of the above, because: _____

C. Will Farydak be taken with both Velcade and Dexamethasone?

Yes

No – rationale for use: _____

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? Yes No

If yes, you must provide a statement explaining the medical reason why the exception should be approved.

Would Farydak likely be the most effective option for this patient?

No

Yes, because: _____

If the patient is currently using Farydak, would changing the patient's current regimen likely result in adverse effects for the patient?

No

Yes, because: _____