

Priority Health Medicare Prior Authorization Criteria (Part D)

Farydak®

Products affected

- Farydak®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	48 weeks
Other criteria	Must first try two prior regimens, including bortezomib and an immunomodulatory agent. Limited to 6 capsules for every 21-day cycle. Covered for 16 cycles when approved.