OKLAHOMA
Health Care Authority

State of Oklahoma
SoonerCare
Farydak® (Panobinostat) Prior Authorization Form

Member Name:_____ ***Date of Birth:***_____ ***Member ID#:***_____

Drug Information

Pharmacy billing (NDC:_____**)** ***Start Date:***_____

Billing Provider Information

Provider NPI:_____ ***Provider Name:***_____

Provider Phone:_____ ***Provider Fax:***_____

Prescriber Information

Prescriber NPI:_____ ***Prescriber Name:***_____

Prescriber Phone:_____ ***Prescriber Fax:***_____ ***Specialty:***_____

Criteria

For Initial Authorization:

1. Please indicate the diagnosis and information:
   - ❑ **Multiple Myeloma**
     - A. Is disease status relapsed or refractory? Yes___ No___
     - B. Will panobinostat be used in combination with bortezomib and dexamethasone after 1 or more lines of therapy? Yes____ No____
     - C. Will panobinostat be used in combination with carfilzomib or dexamethasone and lenalidomide after 2 or more lines of therapy? Yes____ No____
       - i. If yes, did the previous therapy include bortezomib and an immunomodulatory agent? Yes____ No ____

   - ❑ **If answer is none of the above, please indicate diagnosis**:_____

Additional Information:_____

For Continued Authorization:

1. Date of last dose:_____
2. Does member have any evidence of progressive disease while on panobinostat? Yes____ No____
3. Has the member experienced adverse drug reactions related to panobinostat therapy? Yes____ No____

*If yes, please specify adverse reactions:*_____

Prescriber Signature: _____ **Date:**_____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. *Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.*

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:	CONFIDENTIALITY NOTICE
University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4	*This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*