



Medicare Part D – 2016

Prior Authorization Group Description

FARYDAK

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of benefit

Other Criteria:

Failure or clinically significant adverse effects to two prior regimens, including bortezomib and an immunomodulatory agent (e.g., dexamethasone).