

Applicable Drugs: Afinitor (everolimus), Afinitor Disperz (everolimus for oral suspension)

Preferred: Everolimus tablets (generic) or everolimus tablets for oral suspension (generic)

Non-preferred: Afinitor, Afinitor Disperz

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 8/22/25

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

- I. Documented diagnosis of one of the following conditions A through E AND must meet criteria listed under applicable diagnosis:

FDA-Approved Indication(s)

A. Breast cancer

1. Documentation of hormone receptor-positive, HER2-negative disease.
2. Documentation of recurrent, unresectable, or metastatic disease.
3. Documented treatment failure on at least one aromatase inhibitor (eg, anastrozole, letrozole) or tamoxifen.
4. Patient meets one of the following conditions (a, b, or c):
 - a. Patient is a postmenopausal woman
 - b. Patient is a pre/perimenopausal woman and meets one of the following (i or ii)
 - i. Documented ovarian suppression by medication therapy (eg, a gonadotropin-releasing hormone agonist).
 - ii. Documented surgical bilateral oophorectomy or ovarian irradiation.
 - c. Patient is a natal male AND is being treated with testicular suppression (eg, a gonadotropin-releasing hormone agonist).
5. Everolimus will be used in combination with endocrine therapy (eg, exemestane, fulvestrant, or tamoxifen).

A. Neuroendocrine tumors (gastrointestinal, lung, thymic, or pancreatic)

1. Documentation of progressive, well-differentiated, and non-functional disease.
2. Documentation of unresectable, locally advanced, or metastatic disease.

B. Renal cell carcinoma (RCC)

1. Documentation of relapsed or metastatic disease.
2. Documentation of one of the following (a or b):
 - a. Diagnosis of non-clear cell disease.

- b. Diagnosis of clear cell disease AND patient has documented treatment failure to at least one prior systemic therapy.
- C. Tuberous sclerosis complex (TSC)-associated renal angiomyolipoma
 - 1. Patient does not require immediate surgery.
- D. Tuberous sclerosis complex (TSC)-associated subependymal giant cell astrocytoma (SEGA)
 - 1. Therapeutic intervention is required (ie, the condition is associated with functional impairment such as seizures, motor abnormalities, pain, etc.).
 - 2. Patient is not a candidate for curative surgical resection.
- E. Tuberous sclerosis complex (TSC)-associated partial-onset seizures
 - 1. Everolimus will be used as adjunctive treatment.

Other Uses With Supportive Evidence

- F. Endometrial carcinoma
 - G. Gastrointestinal stromal tumors
 - H. Histiocytic neoplasm (eg, Erdheim-Chester disease, Langerhans Cell histiocytosis, and Rosai-Dorfman disease)
 - I. Hodgkin lymphoma
 - J. Meningioma
 - K. Soft tissue sarcoma (eg, perivascular epithelioid cell tumor, angiomyolipoma, and lymphangioleiomyomatosis)
 - L. Thymomas and thymic carcinomas
 - M. Thyroid carcinoma (eg, papillary carcinoma, oncocytic carcinoma, and follicular carcinoma)
 - N. Uterine sarcoma
 - O. Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphoma
- II. Minimum age requirement:
- A. TSC-associated SEGA: 1 year old
 - B. TSC-associated partial-onset seizures: 2 years old
 - C. All other diagnoses: 18 years old
- III. Treatment must be prescribed by or in consultation with an oncologist or hematologist.
- IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Treatment of patients with functional carcinoid tumors.
- Use of Zortress (everolimus) for oncology diagnoses.
- Use of Afinitor Disperz for diagnoses other than TSC-associated SEGA or TSC-associated partial-onset seizures.

OTHER CRITERIA

- Use of Afinitor with strong CYP3A4 inhibitors or inducers should be avoided. Exceptions may be made for higher doses (up to 56 tablets per 28 days) when used concurrently with CYP3A4 inducers (medications that decrease Afinitor serum concentrations) cannot be avoided (see Appendix Table 1).

QUANTITY / DAYS SUPPLY RESTRICTIONS

- TSC-associated SEGA: Quantities to provide 4.5 mg/m² daily with trough concentrations of 5 to 15 ng/mL.
- TSC-associated partial-onset seizures: Quantities to provide 5 mg/m² daily with trough concentrations of 5 to 15 ng/mL.
- All other diagnoses: 28 tablets per 28 days.
- See under Other Criteria for possible exceptions for higher doses (up to 56 tablets per 28 days).

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** 1 year. Updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective (ie, there is no evidence of progressive disease while on Afinitor therapy).

APPENDIX

- Table 1. Examples of Strong CYP3A4 Inducers (Reduce Afinitor Serum Concentrations)

Carbamazepine (Tegretol®, Epitol®)	Rifabutin (Mycobutin®)
Efavirenz (Sustiva®)	Rifapentine (Priftin®)
Nevirapine (Viramune®)	Rifampin (Rifadin®)
Phenobarbital	St. John's Wort*
Phenytoin (Dilantin®)	

*St. John's Wort may decrease Afinitor exposure unpredictably and should be avoided.

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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.