MEDICATION POLICY

Generic Name: Everolimus

Therapeutic Class or Brand Name: Afinitor®

Applicable Drugs (if Therapeutic Class)**:** N/A

Date of Origin: 2/1/13 **Date Last Reviewed/Revised:** 9/29/16

GPI Code: 2153253000

Prior Authorization Criteria (may be considered medically necessary when criteria I through II are met):

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

A. Advanced hormone receptor-positive, HER2-negative breast cancer AND criteria 1 through 4 are met:

1. Patient is a postmenopausal woman.
2. Documented trial and failure of, or contraindication to, anastrozole (Arimidex®) OR letrozole (Femara®).
3. Afinitor® is given in combination with exemestane (Aromasin®).
4. Minimum age requirement: 18 years old.

B. Renal angiomyolipoma and tuberous sclerosis complex (TSC) AND criteria 1 and 2 are met:

1. Patient does not require immediate surgery.
2. Minimum age requirement: 18 years old.

C. Progressive neuroendocrine tumors of pancreatic origin (PNET) and progressive, well-differentiated, non-functional neuroendocrine tumors (NET) of gastrointestinal (GI) or lung origin AND criteria 1 and 2 are met:

1. Tumor is unresectable, locally advanced, or metastatic.
2. Minimum age requirement: 18 years old.

D. Advanced renal cell carcinoma (RCC) AND criteria 1 and 2 are met:

1. Documented trial and failure of, or contraindication to, sunitinib (Sutent®) or sorafenib (Nexavar®).
2. Minimum age requirement: 18 years old.

E. Subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis complex (TSC) AND criteria 1 through 3 are met:
   1. Therapeutic intervention is required (i.e. the condition is associated with functional impairment such as seizures, motor abnormalities, pain, etc.).
   2. Patient is not a candidate for curative surgical resection.
   3. Minimum age requirement: 1 year old.

F. Waldenström's macroglobulinemia AND criterion 1 is met:
   1. Minimum age requirement: 18 years old.

II. The prescribing physician is an oncologist or a hematologist.

Exclusion Criteria:

- The treatment of patients with functional carcinoid tumors.

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 concomitant use with CYP3A4 inducers (medications that decrease Afinitor® serum concentrations) cannot be avoided (see Appendix).

Quantity/Days Supply Restrictions:

- Quantities of up to 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:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

Appendix:

Examples of Strong CYP3A4 Inducers (Reduce Afinitor® Serum Concentrations)

Carbamazepine (Tegretol®, Epitol®)	Rifabutin (Mycobutin®)
Efavirenz (Sustiva®)	Rifapentine (Priftin®)
Nevirapine (Viramune®)	Rifampin (Rifadin®)

Examples of Strong CYP3A4 Inducers (Reduce Afinitor® Serum Concentrations)

Phenobarbital	St. John's Wort*
Phenytoin (Dilantin®)	
*St. John's Wort may decrease Afinitor® exposure unpredictably and should be avoided.	

References:

1. http://blue.regence.com/trgmedpol/drugs/dru178.pdf.
2. Medi-Span.
3. http://www.pharma.us.novartis.com/product/pi/pdf/afinitor.pdf.

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Historical Tracking Of Changes Made To Policy	
9/29/2016	1. **Changed** "I. C. Progressive neuroendocrine tumors of pancreatic origin (PNET) AND criteria 1 and 2 are met…" **to** "I. C. Progressive neuroendocrine tumors of pancreatic origin (PNET) and progressive, well-differentiated, non-functional neuroendocrine tumors (NET) of gastrointestinal (GI) or lung origin AND criteria 1 and 2 are met…" **under Prior Authorization Criteria**.
4/6/2015	1. **Changed** "A. Postmenopausal women with advanced hormone receptor-positive, HER2-negative breast cancer and criteria 1 through 3 are met: 1. Documented trial and failure of, or contraindication to, anastrozole (Arimidex®) OR letrozole (Femara®); 2. Afinitor® is given in combination with exemestane (Aromasin®); 3. Minimum age requirement: 18 years old; B. Renal angiomyolipoma and tuberous sclerosis complex (TSC), not requiring immediate surgery and criterion 1 is met: 1. Minimum age requirement: 18 years old; C. Progressive neuroendocrine tumors of pancreatic origin (PNET) that are unresectable, locally advanced, or metastatic and criterion 1 is met: 1. Minimum age requirement: 18 years old;…E. Pediatric and adult patients with tuberous sclerosis complex (TSC) who have subependymal giant cell astrocytoma (SEGA) that requires therapeutic intervention but cannot be curatively resected and criterion 1 is met: 1. Minimum age requirement: 1 year old;…" **to** "A. Advanced hormone receptor-positive, HER2-negative breast cancer AND criteria 1 through 4 are met: 1. Patient is a postmenopausal woman; 2. Documented trial and failure of, or contraindication to, anastrozole (Arimidex®) OR letrozole (Femara®); 3. Afinitor® is given in combination with exemestane (Aromasin®); 4. Minimum age requirement: 18 years old; B. Renal angiomyolipoma and tuberous sclerosis complex (TSC) AND criteria 1 and 2 are met: 1. Patient does not require immediate surgery; 2. Minimum age requirement: 18 years old; C. Progressive neuroendocrine tumors of pancreatic origin (PNET) AND criteria 1 and 2 are met: 1. Tumor is unresectable, locally advanced, or metastatic; 2. Minimum age requirement: 18 years old;…E. Subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis complex (TSC) AND criteria 1 through 3 are met: 1. Therapeutic intervention is required (i.e. the condition is associated with functional impairment such as seizures, motor abnormalities, pain, etc.); 2. Patient is not a candidate for curative surgical resection; 3. Minimum age requirement: 1 year old;…" **under Prior Authorization Criteria**. 2. **Changed** "N/A" **to** "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 concomitant use with CYP3A4 inducers (medications that decrease Afinitor® serum concentrations) cannot be avoided (see Appendix)" **under Other Criteria**. 3. **Changed** "Quantities of up to 28 tablets per 28 days; Exceptions may be made for higher doses (quantities of up to 56 tablets per 28 days) when Afinitor® must be administered concomitantly with medications that decrease Afinitor® serum concentrations (see Appendix)" **to** "Quantities of up to 28 tablets per 28 days. See under Other Criteria for possible exceptions for higher doses (up to 56 tablets per 28 days)" **under Quantity/Days Supply Restrictions**. 4. **Changed name of table from** "Strong CYP3A4 Inducers (Reduce Afinitor® Serum Concentrations)" **to** "Examples of Strong CYP3A4 Inducers (Reduce Afinitor® Serum Concentrations)"**, added** "*" **to** "St. John's Wort"**, and added** "*St. John's Wort may decrease Afinitor® exposure unpredictably and should be avoided" **to bottom of table under Appendix**.
11/12/2013	1. **Adapted policy to new format.** 2. **Added GPI code**. 3. **Changed** "Hormone receptor-positive, HER2-negative advanced (recurrent or progressive) breast cancer" **to** "Postmenopausal women with advanced hormone receptor-positive, HER2-negative breast cancer" **under Prior Authorization Criteria**. 4. **Changed** "Renal angiomyolipoma and tuberous sclerosis complex" **to** "Renal angiomyolipoma and tuberous sclerosis complex (TSC), not requiring immediate surgery" **under Prior Authorization Criteria**.

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Historical Tracking Of Changes Made To Policy	
	5. **Changed** "Pancreatic neuroendocrine tumor: Documented trial and failure of, or contraindication to, sunitinib (Sutent®)" **to** "Progressive neuroendocrine tumors of pancreatic origin (PNET) that are unresectable, locally advanced, or metastatic" **under Prior Authorization Criteria**. 6. **Changed** "Renal cell carcinoma: Documented trial and failure of, or contraindication to, sunitinib (Sutent®)" **to** "Advanced renal cell carcinoma (RCC): Documented trial and failure of, or contraindication to, sunitinib (Sutent®) or sorafenib (Nexavar®)" **under Prior Authorization Criteria**. 7. **Changed** "Subependymal giant cell astrocytoma associated with tuberous sclerosis: Surgical resection is not an option AND The condition is associated with functional impairment (i.e. seizures, motor abnormalities, pain)" **to** "Pediatric and adult patients with tuberous sclerosis complex (TSC) who have subependymal giant cell astrocytoma (SEGA) that requires therapeutic intervention but cannot be curatively resected: Minimum age requirement: 1 year old" **under Prior Authorization Criteria**. 8. **Added** "Minimum age requirement: 18 years old" **to all other covered diagnoses under Prior Authorization Criteria**. 9. **Added** "The prescribing physician is an oncologist or a hematologist" **requirement under Prior Authorization Criteria**. 10. **Added** "The treatment of patients with functional carcinoid tumors" **to Exclusion Criteria**. 11. **Changed Quantity/Days Supply Restrictions from** "Up to 30 Afinitor® 5mg or 10mg tablets per 30 days; Exceptions may be made for higher doses (up to 60 Afinitor® 10mg tablets per month) when Afinitor® must be administered concomitantly with medications that decrease Afinitor® serum concentrations (see Appendix)" **to** "Quantities of up to 28 tablets per 28 days; Exceptions may be made for higher doses (quantities of up to 56 tablets per 28 days) when Afinitor® must be administered concomitantly with medications that decrease Afinitor® serum concentrations (see Appendix)". 12. **Updated references** to include Medi-Span.