Afinitor (everolimus)

POLICY
A. INDICATIONS
The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Afinitor is indicated for the treatment of:
- Postmenopausal women with advanced hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer, in combination with exemestane, after failure of treatment with letrozole or anastrozole
- Adults with progressive neuroendocrine tumors of pancreatic origin (pNETs) that are unresectable, locally advanced or metastatic disease
- Adults with advanced renal cell carcinoma (RCC) after failure of treatment with sunitinib or sorafenib
- Adults with renal angiomyolipoma and tuberous sclerosis complex (TSC), not requiring immediate surgery
- Adults with progressive, well-differentiated, non-functional neuroendocrine tumors of gastrointestinal or lung origin with unresectable, locally advanced or metastatic disease.

Afinitor and Afinitor Disperz are indicated for the treatment of:
- Pediatric and adult patients with TSC who have subependymal giant cell astrocytoma (SEGA) that requires therapeutic intervention but cannot be curatively resected

Compendial Uses
- RCC:
  - First-line therapy for relapse or surgically unresectable stage IV RCC with non-clear cell histology
  - Subsequent therapy for relapse or surgically unresectable stage IV RCC with predominant clear cell histology
- Soft tissue sarcoma subtypes:
  - Perivascular epithelioid cell tumors (PEComa)
  - Recurrent angiomyolipoma
  - Lymphangioleiomyomatosis
- Classical Hodgkin lymphoma
- Thymomas and thymic carcinomas
- Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma

All other indications are considered experimental/investigational and are not covered benefits.

B. REQUIRED DOCUMENTATION
The following information is necessary to initiate the prior authorization review:
- Breast cancer: results of HR and HER2 testing must be submitted.

C. INITIAL CRITERIA FOR APPROVAL
1. Advanced Breast Cancer
Authorization of 12 months may be granted to members prescribed Afinitor in combination with exemestane for the treatment of HR-positive, HER2-negative advanced breast cancer who meet ANY of the following conditions:
   a. The member has been previously treated with a nonsteroidal aromatase inhibitor.
   b. The member has been previously treated with tamoxifen.
   c. The disease has progressed within 12 months prior to starting Afinitor.
2. Renal Cell Carcinoma (RCC)
   a. Authorization of 12 months may be granted to members prescribed Afinitor as a single agent for the treatment of relapsed or medically unresectable RCC with predominantly non-clear cell histology.
   b. Authorization of 12 months may be granted to members prescribed Afinitor as a single agent for the treatment of relapsed or medically unresectable RCC with predominantly clear cell histology that has progressed after prior tyrosine kinase inhibitor therapy (See Appendix).
   c. Authorization of 12 months may be granted to members prescribed Afinitor in combination with Lenvima for the treatment of advanced RCC with predominantly clear cell histology that has progressed after a prior vascular endothelial growth factor targeting therapy (e.g., Sutent, Votrient, Avastin)

3. Lung Neuroendocrine Tumors
   Authorization of 12 months may be granted to members prescribed Afinitor for the treatment of lung neuroendocrine tumors.

4. Pancreatic Neuroendocrine Tumors
   Authorization of 12 months may be granted to members prescribed Afinitor for the treatment of pancreatic neuroendocrine tumors.

5. Classical Hodgkin Lymphoma
   Authorization of 12 months may be granted to members prescribed Afinitor as a single agent for the treatment of relapsed or refractory classical Hodgkin lymphoma.

6. Soft Tissue Sarcoma
   Authorization of 12 months may be granted to members prescribed Afinitor as a single agent for the treatment of any of the following subtypes of soft tissue sarcoma:
   a. Perivascular epithelioid cell (PEComa)
   b. Angiomyolipoma
   c. Lymphangioleiomyomatosis

7. Renal Angiomyolipoma Associated With Tuberous Sclerosis Complex (TSC)
   Authorization of 12 months may be granted to members prescribed Afinitor for the treatment of renal angiomyolipoma associated with TSC that does not require immediate surgery.

8. Subependymal Giant Cell Astrocytoma (SEGA) Associated With Tuberous Sclerosis Complex (TSC)
   Authorization of 12 months may be granted to members prescribed Afinitor for the treatment of SEGA associated with TSC who are not candidates for curative surgical resection.

9. Thymomas and Thymic Carcinomas
   Authorization of 12 months may be granted to members prescribed Afinitor as a single agent for the treatment of thymomas and thymic carcinomas that has progressed on a platinum-based chemotherapy regimen.

10. Waldenström’s Macroglobulinemia/Lymphoplasmacytic Lymphoma
    Authorization of 12 months may be granted to members prescribed Afinitor for the treatment of Waldenström’s macroglobulinemia/lymphoplasmacytic lymphoma.

11. Gastrointestinal Neuroendocrine Tumors
    Authorization of 12 months may be granted to members prescribed Afinitor for the treatment of gastrointestinal neuroendocrine tumors.

D. CONTINUATION OF THERAPY
    All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.
E. DOSAGE AND ADMINISTRATION

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

1. Dosing Limits

The following dosing limits apply:

- Renal cell carcinoma in combination with Lenvima: 5 mg/day
- All other indications excepting SEGA associated with TSC: 10 mg/day

F. APPENDIX

Examples of tyrosine kinase therapies for RCC:

- Axitinib
- Pazopanib
- Sorafenib
- Sunitinib

REFERENCES