Reference number
2021-A

SPECIALTY GUIDELINE MANAGEMENT

AFINITOR (everolimus)
AFINITOR DISPERZ (everolimus)
everolimus (generic)

POLICY

I. INDICATIONS

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

A. FDA-Approved Indications
1. Hormone Receptor-Positive, HER2-Negative Breast Cancer
   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.
2. Neuroendocrine Tumors (NET)
   a. Afinitor is indicated for the treatment of adult patients with progressive neuroendocrine tumors of pancreatic origin (PNET) with unresectable, locally advanced or metastatic disease.
   b. Afinitor is indicated for the treatment of adult patients with progressive, well-differentiated, non-functional neuroendocrine tumors (NET) of gastrointestinal (GI) or lung origin with unresectable, locally advanced or metastatic disease.
3. Renal Cell Carcinoma (RCC)
   Afinitor is indicated for the treatment of adult patients with advanced renal cell carcinoma (RCC) after failure of treatment with sunitinib or sorafenib.
4. Tuberous Sclerosis Complex (TSC)-Associated Renal Angiomyolipoma
   Afinitor is indicated for the treatment of adult patients with renal angiomyolipoma and tuberous sclerosis complex (TSC), not requiring immediate surgery.
5. Tuberous Sclerosis Complex (TSC)-Associated Subependymal Giant Cell Astrocytoma (SEGA)
   Afinitor and Afinitor Disperz are indicated in adult and pediatric patients aged 1 year and older with tuberous sclerosis complex (TSC) for the treatment of subependymal giant cell astrocytoma (SEGA) that requires therapeutic intervention but cannot be curatively resected.
6. Tuberous Sclerosis Complex (TSC)-Associated Partial-Onset Seizures
   Afinitor Disperz is indicated for the adjunctive treatment of adult and pediatric patients aged 2 years and older with TSC-associated partial-onset seizures.

B. Compendial Uses
1. Relapsed or stage IV renal cell carcinoma:
   a. Single agent or in combination with lenvatinib as subsequent therapy for clear cell histology
   b. Single-agent systemic therapy for non-clear histology
   c. In combination with lenvatinib as systemic therapy for non-clear cell histology
   d. In combination with bevacizumab as systemic therapy for non-clear cell histology
2. Soft tissue sarcoma subtypes:
   a. Perivascular epithelioid cell tumors (PEComa), single-agent therapy
   b. Recurrent angiomyolipoma, single-agent therapy
   c. Lymphangioleiomyomatosis, single-agent therapy

3. Gastrointestinal stromal tumors (GIST), fourth-line therapy in combination with either imatinib, sunitinib, or regorafenib for disease progression after single-agent therapy with imatinib, sunitinib, and regorafenib
4. Neuroendocrine tumors of the gastrointestinal tract, lung and thymus (carcinoid tumors)
5. Neuroendocrine tumors of the pancreas, single-agent therapy
6. Thymomas and thymic carcinomas, second-line therapy as a single agent
7. Classic Hodgkin lymphoma, third-line or subsequent systemic therapy as a single agent for relapsed or refractory disease
8. Central nervous system cancers:
   a. Meningiomas
   b. Glioma
   c. Subependymal giant cell astrocytoma (SEGA); adjuvant treatment as a single agent
9. Thyroid carcinoma (papillary carcinoma, Hürthle cell carcinoma, and follicular carcinoma), if clinical trials or other systemic therapies are not available or appropriate for treatment of progressive and/or symptomatic iodine-refractory
10. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma, single-agent therapy for previously treated disease
11. Endometrial carcinoma, in combination with letrozole
12. Invasive breast cancer
    Second-line therapy and beyond for recurrent or stage IV (M1) hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer with no visceral crisis in postmenopausal women or in premenopausal women treated with ovarian ablation/suppression in combination with exemestane, fulvestrant, or tamoxifen.
13. Tuberous sclerosis complex

All other indications are considered experimental/investigational and are not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. Breast Cancer

Authorization of 12 months may be granted for subsequent treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative recurrent or metastatic breast cancer when prescribed in combination with exemestane, fulvestrant, or tamoxifen.

B. Renal Cell Carcinoma

Authorization of 12 months may be granted for treatment of relapsed, advanced, or stage IV renal cell carcinoma when any of the following criteria are met:

1. The requested medication is given as a single agent or in combination with lenvatinib as subsequent therapy for clear cell histology; OR
2. The requested medication is given as single-agent or in combination with lenvatinib or bevacizumab for non-clear cell histology.

C. Neuroendocrine Tumors

1. Authorization of 12 months may be granted as a single agent for treatment of progressive neuroendocrine tumors (PNET) of pancreatic origin.
2. Authorization of 12 months may be granted for treatment of neuroendocrine tumors (NET) of gastrointestinal, lung, or thymic origin.

D. Tuberous Sclerosis Complex (TSC)

Authorization of 12 months may be granted for treatment of TSC.

E. Soft Tissue Sarcoma
Authorization of 12 months may be granted for treatment of any of the following subtypes of soft tissue sarcoma as single agent therapy: perivascular epithelioid cell (PEComa), recurrent angiomyolipoma, or lymphangioleiomyomatosis.

F. Gastrointestinal Stromal Tumor (GIST)
Authorization of 12 months may be granted for treatment of gastrointestinal stromal tumors in combination with either imatinib, sunitinib, or regorafenib for disease progression after single-agent therapy with imatinib, sunitinib, and regorafenib.

G. Thymoma and Thymic Carcinoma
Authorization of 12 months may be granted for treatment of thymoma or thymic carcinoma for second-line therapy as a single agent.

H. Classic Hodgkin Lymphoma
Authorization of 12 months may be granted for treatment of relapsed or refractory classic Hodgkin lymphoma for third-line or subsequent systemic therapy as a single agent.

I. Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma
Authorization of 12 months may be granted for treatment of Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma as a single-agent therapy for previously treated disease.

J. Papillary, Hürthle cell, or Follicular Thyroid Carcinoma
Authorization of 12 months may be granted for treatment of progressive and/or symptomatic iodine-refractory thyroid carcinoma with any of the following histologies: papillary, Hürthle cell, or follicular.

K. Endometrial Carcinoma
Authorization of 12 months may be granted for treatment of endometrial carcinoma in combination with letrozole.

L. Central Nervous System Cancers
1. Authorization of 12 months may be granted for treatment of glioma (including glioblastoma) or meningioma.

2. Authorization of 12 months may be granted for adjuvant treatment of subependymal giant cell astrocytoma (SEGA) as a single agent.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication in Section II when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

IV. REFERENCES

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