



AFINITOR/AFINITOR DISPERZ PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Afinitor

- ❖ Approvable for members 18 years of age or older with a diagnosis of advanced renal cell carcinoma (kidney cancer) who have failed therapy with pazopanib (Votrient), sunitinib (Sutent) or sorafenib (Nexavar)

OR

- ❖ Approvable for members 1 year of age or older with a diagnosis of subependymal giant cell astrocytoma (SEGA) associated with tubular sclerosis complex (TSC) who are not candidates for curative surgical resection

OR

- ❖ Approvable for members 18 years of age or older with a diagnosis of renal angiomyolipomas associated with tubular sclerosis complex (TSC) who do not require immediate surgery.

OR

- ❖ Approvable for members 18 years of age or older with a diagnosis of progressive neuroendocrine tumors of pancreatic origin (PNET) that are unresectable, locally advanced or metastatic.

OR

- ❖ Approvable for members 18 years of age or older with a diagnosis of advanced hormone receptor-positive, HER2-negative breast cancer in combination with exemestane (Aromasin) after failure of treatment with letrozole (Femara) or anastrozole (Arimidex).

For Afinitor Disperz

- ❖ Approvable for members with a diagnosis of subependymal giant cell astrocytoma (SEGA) associated with tubular sclerosis complex (TSC) who are not candidates for curative surgical resection. Members older than 10 years of age must be unable to swallow solid dosage forms (tablets) in order for the Disperz formulation to be approved.

QLL CRITERIA:

For Afinitor

- ❖ An authorization to exceed the QLL may be granted for the 7.5mg or 10mg strength if member is receiving a concomitant strong CYP 3A4 inducer.

For Afinitor Disperz

- ❖ An authorization to exceed the QLL may be granted for the 3mg or 5mg strength if member is receiving a concomitant strong CYP 3A4 inducer.



- ❖ An authorization to exceed the QLL may be granted for the 2mg strength based on whole blood trough levels of everolimus.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.