

everolimus tablet (AFINITOR)

everolimus suspension (AFINITOR DISPERZ)

Diagnosis Considered for Coverage:

- Advanced (ER) estrogen receptor-positive HER2 receptor-negative Breast cancer (*locally advanced, relapsed, or evidence of metastases*)
- Advanced renal cell cancer (RCC) (*locally advanced, relapsed, unresectable, or evidence of metastases*)
- Tuberous sclerosis complex (TSC) with associated subependymal giant cell astrocytoma (SEGA)
- Tuberous sclerosis complex (TSC) with associated non-cancerous kidney tumors (renal angiomyolipomas)
- Tuberous sclerosis complex (TSC) with associated partial-onset seizures
- Neuroendocrine tumors of gastrointestinal, lung, pancreas (PNET), or thymus origin
- Thymoma or thymic carcinoma – *off-label support listed in NCCN (2a)*
- Thyroid carcinoma differentiated (i.e. follicular, oncocytic, and papillary) – *off-label support listed in NCCN (2a)*
- Waldenström's macroglobulinemia/ lymphoplasmacytic lymphoma – *off-label support listed in NCCN (2a)*
- Endometrial carcinoma – *off-label support listed in NCCN (2a)*
- Gastrointestinal Stromal Tumors (GIST) - *off-label support listed in NCCN (2a)*
- Classic Hodgkin lymphoma – *off-label support listed in NCCN (2a)*
- Perivascular epithelioid cell tumor (PEComa)/Recurrent Angiomyolipoma/Lymphangi leiomyomatosis - *off-label support listed in NCCN (2a)*
- *Histiocytic neoplasm of Erdheim-Chester disease, Langerhans Cell Histiocytosis, or Rosai-Dorman Disease- off-label support listed in NCCN (2a)*

Coverage Criteria:

1. For diagnosis of advanced breast cancer:

- Disease is estrogen-receptor (ER)-positive with human epidermal growth factor receptor 2 (HER2)-negative, **and**
- Disease progression despite prior therapy (i.e. second line after an aromatase inhibitor [i.e. exemestane (Aromasin) letrozole (Femara) or anastrozole (Arimidex)] OR tamoxifen (Nolvadex)), **and**
- Being used in combination with an aromatase inhibitor, tamoxifen, or fulvestrant, **and**
- Dose does not exceed 20 mg per day.

2. For diagnosis of advanced renal cell carcinoma (RCC):

- Being used as a single agent or in combination with Lenvima or Avastin, **and**
 - Dose does not exceed 20 mg per day.
3. **For diagnosis of tuberous sclerosis complex (TSC):**
- Dose does not exceed 20 mg per day, **and**
 - Being used as a single agent, **and**
 - One of the following:
 - Patient has major features associated with TSC (e.g., subependymal giant cell astrocytoma [SEGA], renal angiomyolipoma, lymphangi leiomyomatosis, etc.), or
 - Patient has associated partial-onset seizures and is being used as adjunctive therapy for TSC.
4. **For diagnosis of neuroendocrine tumors:**
- Organ of origin is gastrointestinal, lung, pancreas (PNET), or thymus, **and**
 - Disease is considered unresectable, locally advanced, or metastatic, **and**
 - Dose does not exceed 20 mg per day.
5. **For diagnosis of Thymoma or thymic carcinoma:**
- Being used as single agent, **and**
 - Dose does not exceed 20 mg per day.
6. **For diagnosis of relapsed or refractory Waldenström's macroglobulinemia (WM)/ lymphoplasmacytic lymphoma:**
- Disease progression despite prior therapy for WM, **and**
 - Being used as a single agent, **and**
 - Dose does not exceed 20 mg per day.
7. **For diagnosis of advanced differentiated cancer:**
- Patient with follicular, oncocytic, and papillary histologies, **and**
 - Inadequate response, intolerable side effect, or contraindication to Lenvima (lenvatinib) or Nexavar (sorafenib), **and**
 - Dose does not exceed 20 mg per day.
8. **For diagnosis of endometrial carcinoma:**
- Being used in combination with letrozole (Femara), **and**
 - Dose does not exceed 20 mg per day.
9. **For diagnosis of Gastrointestinal Stromal Tumors (GIST):**
- Disease progression after single-agent therapy of all of the following:
 - imatinib (Gleevec),

- sunitinib (Sutent)
- regorafenib (Stivarga),
- ripretinib (Qinlock),

and

- Being used in combination with either imatinib (Gleevec), Sutent (sunitinib), or Stivarga (regorafenib), **and**
- Dose does not exceed 20 mg per day.

10. For diagnosis of classic Hodgkin Lymphoma (Chl):

- Being used as a single agent, **and**
- Being used after at least 3 lines of prior therapy for cHL, **and**
- Dose does not exceed 20 mg per day.

11. For diagnosis of perivascular epithelioid cell tumor (PEComa), recurrent angiolipoma, and lymphangioleiomyomatosis:

- Being used as a single agent, **and**
- Dose does not exceed 20 mg per day.

12. For diagnosis of Histiocytic neoplasm of Erdheim-Chester disease, Langerhans Cell Histiocytosis, or Rosai-Dorman Disease:

- Presence of PIK3CA mutation, **and**
- Being used as single agent, **and**
- Dose does not exceed 20 mg per day.

Coverage Duration: one year

References:

1. Afinitor and Afinitor Disperz. Prescribing Information. Novartis. East Hanover, NJ. 02/2022
2. Afinitor. National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium. 2022. Available by subscription at: www.nccn.org.
3. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Breast Cancer. (v.4.2023). Available at www.nccn.org.
4. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Central Nervous System Cancers. (v.1.2023). Available at www.nccn.org.
5. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. GISTs. (v.1.2023). Available at www.nccn.org.
6. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Histiocytic Neoplasms. (v.1.2023). Available at www.nccn.org.
7. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Hodgkin Lymphoma. (v.1.2024). Available at www.nccn.org.
8. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Kidney Cancer. (v.1.2024). Available at www.nccn.org.
9. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Neuroendocrine and Adrenal Tumors. (v.1.2023). Available at www.nccn.org.
10. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Soft Tissue Sarcoma. (v.2.2023). Available at www.nccn.org.
11. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology.

Thyomomas and Thymic Carcinomas. (v.1.2023). Available at www.nccn.org.

12. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Thyroid Carcinoma. (v.4.2023). Available at www.nccn.org.
13. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Uterine Neoplasms. (v.1.2024). Available at www.nccn.org.
14. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Waldenström Macroglobulinemia / Lymphoplasmacytic Lymphoma. (v.1.2024). Available at www.nccn.org.

Effective Date: 2/28/2024