Reference number(s)
2021-A

Specialty Guideline Management everolimus Products

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Afinitor	everolimus
Afinitor Disperz	everolimus
Torpenz	everolimus
Yulithira	everolimus

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.

FDA-approved Indications[1-5]

Hormone Receptor-Positive, HER2-Negative Breast Cancer

Afinitor, Torpenz, and Yulithira are 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.

Neuroendocrine Tumors (NET)

- Afinitor and Yulithira are indicated for the treatment of adult patients with progressive neuroendocrine tumors of pancreatic origin (PNET) with unresectable, locally advanced or metastatic disease.
- Afinitor and Yulithira are indicated for the treatment of adult patients with progressive, well-differentiated, non-functional NET of gastrointestinal (GI) or lung origin with unresectable, locally advanced or metastatic disease.

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- Limitations of Use: Afinitor and Yulithira are not indicated for the treatment of patients with functional carcinoid tumors.

Renal Cell Carcinoma (RCC)

Afinitor and Yulithira are indicated for the treatment of adult patients with advanced RCC after failure of treatment with sunitinib or sorafenib.

Tuberous Sclerosis Complex (TSC)-Associated Renal Angiomyolipoma

Afinitor, Torpenz, and Yulithira are indicated for the treatment of adult patients with renal angiomyolipoma and TSC, not requiring immediate surgery.

Tuberous Sclerosis Complex (TSC)-Associated Subependymal Giant Cell Astrocytoma (SEGA)

Afinitor, Afinitor Disperz, Torpenz, and Yulithira are indicated in adult and pediatric patients aged 1 year and older with TSC for the treatment of SEGA that requires therapeutic intervention but cannot be curatively resected.

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.

Compendial Uses[6-14]

- Breast cancer, recurrent unresectable or metastatic
- Neuroendocrine tumors
    - Neuroendocrine tumors of the GI tract, lung and thymus (carcinoid tumors)
    - Neuroendocrine tumors of the pancreas
    - Well-differentiated Grade 3 neuroendocrine tumors
- Renal cell carcinoma, relapsed or stage IV
- Tuberous sclerosis complex
- Central nervous system cancers
    - Meningiomas
    - Glioma
    - Subependymal giant cell astrocytoma (SEGA)
    - NF2-related vestibular schwannomatosis
- Classic Hodgkin lymphoma
- Gastrointestinal stromal tumors (GIST)
- Histiocytic Neoplasms
    - Erdheim-Chester Disease (ECD)
    - Langerhans Cell Histiocytosis (LCH)
    - Rosai-Dorfman Disease
    - Malignant histiocytic neoplasms
- Soft tissue sarcoma

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    - Perivascular epithelioid cell tumors (PEComa)
    - Angiomyolipoma
    - Lymphangioleiomyomatosis
- Thymomas and thymic carcinomas
- Thyroid carcinoma
    - Follicular carcinoma
    - Papillary carcinoma
    - Oncocytic/Hürthle cell carcinoma
- Uterine neoplasms
    - Endometrial carcinoma
    - Uterine sarcoma
- Waldenström macroglobulinemia/lymphoplasmacytic lymphoma

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

Documentation

Submission of the following information is necessary to initiate the prior authorization review, where applicable:

- HER2 status
- HR status
- KIT and PDGFRA mutation status
- Phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha (PIK3CA) mutation status

Coverage Criteria

Breast Cancer[1-8]

Authorization of 12 months may be granted for subsequent treatment of HR-positive, HER2-negative recurrent unresectable, advanced, or metastatic breast cancer when used in combination with exemestane, fulvestrant, or tamoxifen.

Neuroendocrine Tumors[1-6]

Authorization of 12 months may be granted for treatment of the following neuroendocrine tumors:

- Neuroendocrine tumors of the GI tract, lung, and thymus (carcinoid tumors)
- Neuroendocrine tumors of the pancreas
- Well differentiated Grade 3 neuroendocrine tumors

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Renal Cell Carcinoma[1-6]

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

- The requested medication will be used as a single agent or in combination with lenvatinib as subsequent therapy for clear cell histology.
- The requested medication will be used as a single-agent or in combination with lenvatinib or bevacizumab for non-clear cell histology.

Tuberous Sclerosis Complex (TSC)[1-6,9,11]

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

Central Nervous System Cancers[6,12-14]

Authorization of 12 months may be granted for treatment of the following central nervous system cancers:

- Glioma (including glioblastoma) or meningioma
- Adjuvant treatment of subependymal giant cell astrocytoma (SEGA), as a single agent
- NF2-related vestibular schwannoma, as a single agent

Classic Hodgkin Lymphoma[6,10]

Authorization of 12 months may be granted for treatment of relapsed or refractory classic Hodgkin lymphoma, as a single agent.

Gastrointestinal Stromal Tumor (GIST)[6]

Authorization of 12 months may be granted for treatment of residual, unresectable, recurrent, metastatic, or tumor rupture GIST in combination with imatinib, sunitinib, or regorafenib for members who have failed at least four FDA-approved therapies (e.g., imatinib, sunitinib, regorafenib, ripretinib) and the disease is imatinib-sensitive KIT and PDGFRA mutation positive (excluding PDGFRA exon 18 mutations).

Histiocytic Neoplasms[6]

Authorization of 12 months may be granted for treatment of any of the following histiocytic neoplasm subtypes as a single agent in members with a PIK3CA mutation:

- Symptomatic or relapsed/refractory Erdheim-Chester Disease (ECD)
- Symptomatic or relapsed/refractory Rosai-Dorfman Disease
- Langerhans Cell Histiocytosis (LCH)
- Localized unresectable, regional, or relapsed/refractory Malignant Histiocytic Neoplasms

Soft Tissue Sarcoma[6]

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Authorization of 12 months may be granted for treatment of any of the following soft tissue sarcoma subtypes as a single agent:

- Locally advanced unresectable or metastatic perivascular epithelioid cell tumor (PEComa)
- Recurrent angiomyolipoma or recurrent lymphangioleiomyomatosis

Thymomas and Thymic Carcinomas[6]

Authorization of 12 months may be granted for treatment of thymomas or thymic carcinomas, as a single agent.

Thyroid Carcinoma[6]

Authorization of 12 months may be granted for treatment of follicular, papillary, or oncocytic/Hürthle cell thyroid carcinoma, as a single agent, when both of the following criteria are met:

- The disease is locoregional, unresectable, progressive and/or symptomatic, or metastatic.
- Radioactive iodine (RAI) therapy is not indicated, contraindicated, or has been unsuccessful.

Uterine Neoplasms[6]

Authorization of 12 months may be granted for treatment of the following uterine neoplasms:

- Endometrial carcinoma in combination with letrozole
- Uterine sarcoma as a single agent for subsequent therapy

Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma[6]

Authorization of 12 months may be granted for treatment of Waldenström macroglobulinemia/lymphoplasmacytic lymphoma as a single-agent for previously treated disease.

Continuation of Therapy

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

References

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4. Everolimus tablet [package insert]. Princeton, NJ: Novugen Pharma (USA) LLC; October 2025.

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