



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

EVEROLIMUS-AFINITOR DISPERZ

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
EVEROLIMUS	AFINITOR DISPERZ, EVEROLIMUS		34589 34590 34592	GPI-14 (21532530007310 21532530007320 21532530007340)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of tuberous sclerosis complex (TSC)-associated subependymal giant cell astrocytoma (SEGA) and meet **ALL** of the following criteria?
  - The patient is 1 year of age or older
  - The patient's diagnosis requires therapeutic intervention but cannot be curatively resected

If yes, **approve for 12 months by GPID or GPI-14.**

If no, continue to #2.

2. Does the patient have a diagnosis of tuberous sclerosis complex (TSC)-associated partial-onset seizures and meet **ALL** of the following criteria?
  - The patient is 2 years of age or older
  - Afinitor Disperz will be used as adjunctive treatment

If yes, **approve for 12 months by GPID or GPI-14.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **EVEROLIMUS (Afinitor Disperz)** requires the following rule(s) be met for approval:

- A. You have ONE of the following diagnoses:
    1. Tuberous sclerosis complex (TSC: a rare type of tumor disorder)-associated subependymal giant cell astrocytoma (SEGA: a type of brain tumor)
    2. Tuberous sclerosis complex (TSC: a rare type of tumor disorder)-associated partial-onset seizures
  - B. **If you have tuberous sclerosis complex (TSC)-subependymal giant cell astrocytoma (SEGA), approval also requires:**
    1. You are 1 year of age or older
    2. Your diagnosis requires therapeutic intervention but cannot be curatively resected (completely remove with surgery)
  - C. **If you have tuberous sclerosis complex (TSC)-associated partial-onset seizures, approval also requires:**
    1. You are 2 years of age or older
    2. Afinitor Disperz will be used as adjunctive (add-on) treatment
- (Denial text continued on next page)**

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**GUIDELINES FOR USE (CONTINUED)**

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Afinitor Disperz.

**REFERENCES**

- Afinitor/Afinitor Disperz [Prescribing Information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. February 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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P&T Approval: 04/18