PriorityHealth

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Afinitor® (everolimus)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

☐ New request ☐ Continuation request

Drug product:

☐ Afinitor Disperz 2 mg tablet
☐ Afinitor Disperz 3 mg tablet
☐ Afinitor Disperz 5mg tablet
☐ Afinitor 2.5 mg tablet
☐ Afinitor 5 mg tablet
☐ Afinitor 7.5 mg tablet
☐ Afinitor 10 mg tablet

Start date (or date of next dose): _____
Date of last dose (if applicable): _____
Dosing frequency: _____

Oral oncology partial fill program

Each fill of Afinitor is limited to a 14 day supply. Patients are responsible for applicable deductible and copayments.

Precertification Requirements

Patient must have one of the following diagnoses (and meet any additional criteria for that condition):

1. Advanced renal cell carcinoma (RCC), but must first try sunitinib or sorafenib.
2. Advanced breast cancer, if all of the following criteria are met:
    a. Postmenopausal women
    b. Hormone receptor-positive, HER2-negative
    c. Must first try letrozole (Femara) or anastrozole (Arimidex)
    d. Must not have taken exemastane (Aromasin) previously
    e. Must be used in combination with exemestane (Aromasin)
    f. Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less
    g. Patient does not have a history of brain metastases
3. Progressive neuroendocrine tumors of pancreatic origin (PNET) that is unresectable, locally advanced or metastatic.
4. Renal angiomyolipoma and tuberous sclerosis complex (TSC) for adult patients not requiring immediate surgery.
5. Pediatric and adult patients with tuberous sclerosis complex (TSC) who have subependymal giant cell astrocytoma (SEGA) that requires therapeutic intervention but cannot be curatively resected.
6. Neuroendocrine tumors of gastrointestinal or lung origin that is unresectable, locally advanced or metastatic.
7. Treatment of tuberous sclerosis complex (TSC)-associated partial seizures (Adjunct treatment).

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 05/2018
Last reviewed 03/2019

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Advanced renal cell carcinoma (complete B below)
- ☐ Advanced hormone receptor-positive, HER2-negative breast cancer (complete C-F below)
- ☐ Progressive neuroendocrine tumors of pancreatic origin (PNET) that are unresectable, locally advanced or metastatic
- ☐ Renal angiomyolipoma and tuberous scherosis complex (TSC), not requiring immediate surgery
- ☐ Tuberous sclerosis complex (TSC) in pediatric or adult patients who have subependymal giant cell astrocytoma (SEGA)
- ☐ Neuroendocrine tumors of gastrointestinal or lung origin that is unresectable, locally advanced or metastatic.
- ☐ **Treatment of tuberous sclerosis complex (TSC)-associated partial seizures (Adjunct treatment).**
- ☐ *Other – the patient's condition is:* _____
  Rationale for use: _____

B. For renal cell carcinoma: has the patient tried both of the following therapies?

- ☐ sunitinib (Sutent) Dates of use: _____
- ☐ sorafenib (Nexavar) Dates of use: _____
- ☐ None of the above – *rationale for use:* _____
- ☐ *Other:* _____
  Rationale for use: _____

C. For advanced hormone receptor-positive, HER2-negative breast cancer: which of the following therapies has the patient tried?

- ☐ letrozole (Femara) Dates of use: _____
- ☐ anastrazole (Arimidex) Dates of use: _____
- ☐ exemestane (Aromasin) Dates of use: _____
- ☐ No – *rationale for use:* _____

D. For advanced hormone receptor-positive, HER2-negative breast cancer: what is the patient's Eastern Cooperative Oncology Group (ECOG) performance status?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

E. For advanced hormone receptor-positive, HER2-negative breast cancer: Does the patient have a history of brain metastases?

- ☐ Yes
- ☐ No

F. For advanced hormone receptor-positive, HER2-negative breast cancer: Will Afinitor be used in combination with exemestane (Aromasin)?

- ☐ Yes
- ☐ No – *rationale for use:* _____

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