

Priority Health Medicare Prior Authorization Criteria (Part D)

Afinitor®

Products affected

- Afinitor®
- Afinitor® Disperz

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	For diagnosis of advanced hormone receptor-positive, HER2-negative breast cancer in postmenopausal women, patient must have Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Authorized for one year.
Other criteria	For diagnosis of advanced renal cell carcinoma (RCC), patient must try and fail sunitinib or sorafenib. For diagnosis of advanced hormone receptor-positive, HER2-negative breast cancer in postmenopausal women, all of the following must be met: patient must have prior treatment with letrozole (Femara) or anastrozole (Arimidex), patient must not have had prior treatment with exemastane (Aromasin), Afinitor must be used in combination with exemastane (Aromasin).