

SPECIALTY QUANTITY LIMIT PROGRAM

AFINITOR (everolimus)

I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If the member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

II. COVERED QUANTITIES

Medication	Standard Limit	Exception Limit*	FDA-recommended dosing
Afinitor (everolimus) tablet 2.5 mg	30 per 30 days	Not applicable	Breast cancer, neuroendocrine tumors, renal cell carcinoma, or renal angiomyolipoma with tuberous sclerosis complex: <ul style="list-style-type: none"> 10 mg once daily Subependymal giant cell astrocytoma with tuberous sclerosis complex: <ul style="list-style-type: none"> Starting dose: 4.5 mg/m² once daily If co-administered with a strong CYP3A4 inducer: <ul style="list-style-type: none"> Consider doubling daily dose using increments of 5 mg or less
Afinitor (everolimus) tablet 5 mg	30 per 30 days	90 per 30 days	
Afinitor (everolimus) tablet 7.5 mg	30 per 30 days	Not applicable	
Afinitor (everolimus) tablet 10 mg	30 per 30 days	60 per 30 days	
Afinitor (everolimus) DISPERZ tablet 2 mg	60 per 30 days	Not applicable	
Afinitor (everolimus) DISPERZ tablet 3 mg	90 per 30 days	Not applicable	
Afinitor (everolimus) DISPERZ tablet 5 mg	60 per 30 days	120 per 30 days	

*Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

III. REFERENCES

- Afinitor [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2018.