

## PHARMACY PRE-AUTHORIZATION CRITERIA



<b>DRUG (S)</b>	Zortress (everolimus)
<b>POLICY #</b>	22128
<b>INDICATIONS</b>	<p>Zortress is approved for the prophylaxis of organ rejection in adult patients at low-moderate immunologic risk receiving a kidney transplant.</p> <p>Zortress is approved for the prophylaxis of allograft rejection in adult patients receiving a liver transplant, administered no earlier than 30 days post-transplant concurrently in combination with reduced doses of tacrolimus and with corticosteroids.</p>
<b>CRITERIA</b>	<p>ConnectiCare will consider Zortress to be medically necessary in patients who met the following criteria:</p> <ul style="list-style-type: none"> <li>• Patient must have a documented kidney transplant; <b>AND</b></li> <li>• Zortress is being administered in combination with basiliximab (Simulect) induction and concurrently with reduced doses of cyclosporine and corticosteroids; <b>AND</b></li> <li>• Patient is at low to moderate immunogenic risk; <b>AND</b></li> <li>• Patient is <math>\geq 18</math> years of age</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Patient must have a documented liver transplant; <b>AND</b></li> <li>• Zortress is being administered no early than 30 days post-transplant with low dose tacrolimus and corticosteroids; <b>AND</b></li> <li>• Patient is <math>\geq 18</math> years of age</li> </ul> <p>Therapeutic drug monitoring (TDM) of everolimus and tacrolimus is recommended for all patients receiving these products.</p>
<b>REFERENCES</b>	<ol style="list-style-type: none"> <li>1. Zortress® [package insert]. East Hanover, NJ: Novartis; 2018.</li> </ol>
<b>P&amp;T REVIEW HISTORY</b>	12/11, 10/12, 10/13, 10/14, 11/15, 2/16, 5/17, 5/18, 5/19
<b>REVISION RECORD</b>	2/13, 5/19