

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 24, 2013 September 8, 2022

ZORTRESS® (everolimus)

LENGTH OF AUTHORIZATION: UP TO 1 YEAR

REVIEW CRITERIA:

- Patient must be 18 years of age or older.
- Patient must be kidney transplant **at low-moderate immunologic risk** or liver transplant recipient.
- Patient must take Zortress with the following combinations of therapy (verify in claims history or medical records submitted):
 - Kidney transplant: in combination with basiliximab, cyclosporine, and corticosteroids.
 - Liver transplant (**administer no earlier than 30 days post-transplant**): in combination with tacrolimus and corticosteroids.

CONTINUATION OF THERAPY

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 0.25 mg, 0.5 mg, 0.75 mg, and 1 mg tablets.