

Medication	Comments
Zortress (everolimus)	N/A

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 year

APPROVAL CRITERIA

Zortress (everolimus) may be approved if the following criteria are met:

- I. Individual is at least 18 years of age or older and using for the prophylaxis of organ rejection for one of the following:
 - A. Kidney transplant at low-moderate immunologic risk when used in combination with basiliximab (Simulect) and reduced doses of cyclosporine and corticosteroids; **or**
 - B. Liver transplant when used in combination with tacrolimus (reduced doses) and corticosteroids **and** administered no earlier than 30 days post-transplant.