Original Effective Date: 10/01/2016
Current Effective Date: 12/28/2025
Last P&T Approval/Version: 10/29/2025
Next Review Due By: 10/2026
Policy Number: C9720-A

Zortress (everolimus)

PRODUCTS AFFECTED

Zortress (everolimus), everolimus

COVERAGE POLICY

Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Prophylaxis of organ rejection

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. PROPHYLAXIS OF KIDNEY TRANSPLANT REJECTION:
1. Documentation member has had a kidney transplant
   AND
2. Documentation member is NOT at high immunological risk [i.e., One or more human leukocyte

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antigen (HLA) mismatches; Younger recipient, and older donor age; African American ethnicity (in the United States); Panel reactive antibody (PRA) greater than 0 percent; Presence of a donor- specific antibody (DSA); Blood group incompatibility; Delayed onset of graft function; Cold ischemia time greater than 24 hours]
AND

3. Documentation of trial and failure (toxicity or signs of rejection) of or contraindication to an anti- rejection regimen containing TWO of the following: cyclosporine, tacrolimus, azathioprine, mycophenolate, corticosteroids
AND
4. Everolimus will be used in combination with cyclosporine and corticosteroids

B. PROPHYLAXIS OF LIVER TRANSPLANT REJECTION:

1. Documentation member has had a liver transplant
AND
2. Documentation that member is at least 30 days post-transplant
AND
3. Documentation of trial and failure (toxicity or signs of rejection) of an anti-rejection regimen containing TWO of the following: cyclosporine, tacrolimus, azathioprine, mycophenolate, corticosteroids
AND
4. Everolimus will be used in combination with tacrolimus and corticosteroids

CONTINUATION OF THERAPY:

A. PROPHYLAXIS OF ORGAN REJECTION:

1. Documentation member is responsive to therapy demonstrated by no signs or symptoms of acute/chronic organ rejection
AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

DURATION OF APPROVAL:

Initial authorization: 12 months, Continuation of therapy: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a transplant specialist. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

18 years of age and older

QUANTITY:

No requirements

PLACE OF ADMINISTRATION:

The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:

Oral

DRUG CLASS:

Macrolide Immunosuppressants

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FDA-APPROVED USES:

Indicated for the prophylaxis of organ rejection in adult patients: *Kidney Transplant:* at low-moderate immunologic risk. Use in combination with basiliximab, cyclosporine (reduced doses) and corticosteroids. *Liver Transplant:* Administer no earlier than 30 days post-transplant. Use in combination with tacrolimus (reduced doses) and corticosteroids.

Limitations of Use:
The safety and efficacy of Zortress has not been established in the following populations:

- *Kidney transplant patients at high immunologic risk*
- *Recipients of transplanted organs other than kidney and liver*
- *Pediatric patients (less than 18 years).*

COMPENDIAL APPROVED OFF-LABELED USES:

None

APPENDIX

APPENDIX:

None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

None

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Zortress (everolimus) are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. Contraindications to Zortress (everolimus) include: hypersensitivity to everolimus, sirolimus, or to components of the dug product, avoid concurrent use of live vaccines.

OTHER SPECIAL CONSIDERATIONS:

Zortress (everolimus) carries a Blackbox warning for malignancies and serious infections, kidney graft thrombosis; nephrotoxicity; and mortality in heart transplantation.

Concurrent treatment with strong inhibitors (e.g., ketoconazole, itraconazole, voriconazole, clarithromycin, telithromycin, ritonavir, boceprevir, telaprevir) and inducers (e.g., rifampin, rifabutin) of CYP3A4 is not recommended.

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
N/A	

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AVAILABLE DOSAGE FORMS:
Zortress TABS 0.25MG, 0.5MG, 0.75MG, 1MG
Everolimus TABS 0.25MG, 0.5MG, 0.75MG, 1MG

REFERENCES

1. Zortress (everolimus) tablets, for oral use [prescribing information]. East Hanover, NJ: Novartis; February 2024.
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4. Sanchez-Brotons JA, Sobrino-Marquez JM, Lage-Galle E, et al. Preliminary Experience with Conversion from Calcineurin Inhibitors to Everolimus in Cardiac Transplantation Maintenance Therapy. Trans Proceedings. 2008;40:3046-48.
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7. Gullestad L, Iversen M, Mortensen SA, et al. Everolimus with Reduced Calcineurin Inhibitor in Thoracic Transplant Recipients with Renal Dysfunction: A Mulricenter, Randomized Trial. Transplantation. 2010;89:864-872.
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SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Duration of Approval	Q4 2025
REVISION- Notable revisions: Coding/Billing Information Template Update ANNUAL REVIEW COMPLETED- No coverage criteria changes with this annual review.	Q4 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Other Special Considerations References	Q4 2023

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REVISION- Notable revisions: Products Affected Required Medical Information Contraindications/Exclusions/Discontinuation Available Dosage Forms	Q4 2022
Q2 2022 Established tracking in new format	Historical changes on file

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