



**BlueCross
BlueShield**

Federal Employee Program.

**ZORTRESS
(everolimus)**

Preferred product: generic everolimus

This policy does not apply to generic everolimus

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnosis

Patient must have the following:

1. Prophylaxis of organ rejection
 - a. Post kidney **OR** liver transplant
 - b. Patient **MUST** have tried the preferred product (generic Zortress: everolimus) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above