

This policy applies to the following:

✓	Standard Opt-in	PDPD	Marketplace	Medical Benefit	Medicare Part B	Reference # 4079-D
	Standard Opt-out	ACSF	MMT	Medical Benefit: Biosimilars First	Medicare Part B: Biosimilars First	
	VF	Balanced	Medical Benefit: Managed Medicaid	Medical Benefit: Add-on	Medicare Part B: Add-on	

EXCEPTIONS CRITERIA TRANSPLANT

PREFERRED PRODUCTS: EVEROLIMUS

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the transplant products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Transplant products

	Product(s)
Preferred	• everolimus
Targeted	• Zortress (everolimus)

II. EXCEPTION CRITERIA

Coverage for the targeted product is provided when all of the following criteria are met:

- Member has had a documented intolerable adverse event to the preferred drug.
- The adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

REFERENCES

- Everolimus [package insert]. Eatontown, NJ: Hikma Pharmaceuticals USA Inc.; August 2019.
- Zortress [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; August 2018.