

Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 24, 2013

**ZORTRESS® (everolimus)**

**LENGTH OF AUTHORIZATION:** UP TO 1 YEAR

**REVIEW CRITERIA:**

- Patient must be 18 years of age or older.
- Patient must be kidney 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: in combination with tacrolimus and corticosteroids.

**DOSING AND ADMINISTRATION:**

- Kidney transplantation: starting oral dose of 0.75 mg twice daily as soon as possible after transplantation.
- Liver transplantation: starting oral dose of 1.0 mg twice daily starting 30 days after transplantation.
- Monitor everolimus concentrations: Adjust maintenance dose to achieve trough concentrations within the 3-8 ng/mL target range (using LC/MS/MS assay method).
- **Dosage Form:** available as 0.25 mg, 0.5 mg, and 0.75 mg tablets