



ZORTRESS PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older when used for the prophylaxis of organ rejection for kidney (renal) transplantation. For this indication, Zortress must be administered with reduced doses of cyclosporine and corticosteroids.
- ❖ Approvable for the prophylaxis of allograft rejection in adult patients who are at least 30 days post-liver transplant. For this indication, Zortress must be administered with tacrolimus and corticosteroids.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.