Zopapogene imadenovec-drba (Papzimeos™)

Goal(s):

- To allow for the adjuvant treatment of recurrent respiratory papillomatosis (RRP) in patients who have persistent disease despite surgical intervention.
- Incorporate 2-step review process for drugs on the high-cost drug carve-out list.

Length of Authorization:

- Up to 12 months

Requires PA:

- Papzimeos™ (zopapogene imadenovec-drba) pharmacy and provider administered claims

Covered Populations: FFS and CCO patients beginning 1/1/26

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an FDA approved age? Note: Papzimeos is currently approved for adults.	**Yes**: Go to #3	**No:** Pass to RPh. Deny; medical appropriateness
3. Is the request for a patient with recurrent respiratory papillomatosis (RRP)? * Note: Recurrent is defined as a need for 3 or more debulking procedures for papillomas related to RRP in the previous 12 months	**Yes:** Go to #4	**No:** Pass to RPh. Deny; medical appropriateness
4. Has the patient been previously treated with Papzimeos?	**Yes:** Pass to RPh. Deny; medical appropriateness	**No:** Pass to RPh. Pend; Refer to DMAP for secondary review. Duration: Approvals cover one treatment course (4 doses over 12 weeks). Approval start and end dates can be extended to accommodate scheduling visits.