

**CRITERIA FOR PRIOR AUTHORIZATION**

Zinbryta® (daclizumab)

**PROVIDER GROUP** Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Daclizumab (Zinbryta)

**CRITERIA FOR INITIAL PRIOR AUTHORIZATION FOR DACLIZUMAB: (must meet all of the following)**

- Patient must have a diagnosis of relapsing forms of multiple sclerosis (MS)
- Patient must be 18 years of age or older
- Patient must have had an inadequate response to 2 or more drugs indicated for the treatment of MS
- Baseline transaminase (ALT, AST) and bilirubin levels must be obtained
- Prescriber, patient and pharmacy must be enrolled in the REMS program
- Patient must not be pregnant
- Dosing must not exceed 150mg/mL once monthly
- Patient must NOT have any of the following:
  - Pre-existing hepatic disease or hepatic impairment
  - ALT or AST at least 2 times the upper limit of normal (ULN)
  - History of autoimmune hepatitis or other autoimmune condition involving the liver

**LENGTH OF APPROVAL:** 3 months

**CRITERIA FOR RENEWAL PRIOR AUTHORIZATION FOR DACLIZUMAB: (must meet all of the following)**

- Patient must have had monthly monitoring of transaminase and bilirubin levels
- Patient must not be pregnant
- Dosing must not exceed 150mg/mL once monthly
- Patient must NOT have any of the following:
  - Pre-existing hepatic disease or hepatic impairment
  - ALT or AST at least 2 times the upper limit of normal (ULN)
  - History of autoimmune hepatitis or other autoimmune condition involving the liver

**LENGTH OF APPROVAL:** 12 months

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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