



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Zorbtive

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Effective Date: 4/20/2023

Last Review Date: 02/2023

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Zorbtive under the patient's prescription drug benefit.

Description:

Zorbtive is indicated for the treatment of short bowel syndrome in adult patients receiving specialized nutritional support. Zorbtive should be used in conjunction with optimal management of short bowel syndrome.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Non-Preferred Drug: Zorbtive

Policy/Guideline:

Authorization of a total duration of 4 weeks may be granted to members who depend on parenteral nutrition support who are prescribed Zorbtive for the treatment of Short Bowel Syndrome (SBS).

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

Approval Duration and Quantity Restrictions:

Approval: Up to a total duration of 4 weeks (lifetime max)

References:

1. Zorbtive [package insert]. Rockland, MA: EMD Serono, Inc.; September 2019.