

DR.026.A Papzimeos™ (zopapogene imadenovec-drba)

Original Implementation Date : 11/02/2026
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Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

***** NOTIFICATION OF PENDING POLICY IMPLEMENTATION *****

Please note that this Policy Bulletin will be implemented on 11/02/2026. This document provides a 30-day notification of its pending implementation and is not currently implemented.

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans lines of business unless noted below.

Gene therapy is a benefit exclusion for Individual and Family (ACA) product lines and therefore, non-covered.

POLICY STATEMENT

The plan considers Papzimeos™ (zopapogene imadenovec-drba) medically necessary for its FDA approved indications when the prior authorization criteria listed in this policy are met.

FDA APPROVED INDICATIONS

Gene Therapy is the introduction, removal, or change in the content of a person's genetic code with the goal of treating or curing a disease. It includes therapies such as gene transfer, gene modified cell therapy, and gene editing.

PAPZIMEOS™ is a non-replicating adenoviral vector-based immunotherapy indicated for the treatment of adults with recurrent respiratory papillomatosis (RRP).

OFF-LABEL USE

N/A

PRIOR AUTHORIZATION CRITERIA

Papzimeos™ (zopapogene imadenovec-drba) may be considered medically necessary when **ALL** of the following criteria are met:

1. Member is 18 years of age or older **AND**
2. Documented confirmed diagnosis of recurrent respiratory papillomatosis (RRP), including pathology report **AND**
3. Disease is associated with human papillomavirus (HPV) type 6 and/or type 11 **AND**
4. Member has undergone clinically indicated intervention (i.e., surgical debulking of papillomas, resection of disease or laser ablation aimed at reducing voice and airway symptoms) prior to initiation of Papzimeos therapy **AND**
5. Member has not received more than 4 doses (one-treatment course) of Papzimeos™ **AND**
6. Papzimeos™ will NOT be used in combination with other medications used for the treatment of RRP (e.g., bevacizumab, cidofovir) **AND**
7. Medication is prescribed by, or in consultation with a a specialist knowledgeable in the treatment of recurrent respiratory papillomatosis, such as a pulmonologist, oncologist, thoracic surgeon, or otolaryngologist.

Authorization will be issued for no more than one treatment course. A treatment course consists of four subcutaneous doses administered over 12 weeks.

RENEWAL CRITERIA

Re-administration of Papzimeos™ (Zopapogene Imadenovec-Drba) is not recommended.

DOSAGE AND ADMINISTRATION

Prior to initiation, perform a surgical debulking of visible papilloma to establish minimal residual disease. To maintain minimal residual disease during treatment with zopapogene imadenovec-drba, remove visible papilloma, if present, prior to the third and fourth administration of zopapogene imadenovec-drba.

5 x 10¹¹ (11) particle units/mL, 1 mL SUBQ once; repeat at 2 weeks (no sooner than 11 days), 6 weeks, and 12 weeks after the initial dose

RISK FACTORS/SIDE EFFECTS

See package labeling.

MONITORING

1. Monitor patients for local site reactions for at least 30 minutes after the initial treatment and manage accordingly
2. Monitor patients for signs and symptoms of thrombotic events and treat events according to clinical practice

CONTRAINDICATIONS

N/A

BLACK BOX WARNING

N/A

CLINICAL EVIDENCE

Papzimeos[™] is supported by results from a pivotal clinical study that met its primary safety and pre-specified efficacy endpoints. In this study, Papzimeos[™] was well tolerated, with no dose-limiting toxicities and no treatment-related adverse events greater than Grade 2 reported. A total of 51% of patients (18 of 35; 95% CI: 34%-69%) achieved a complete response, defined as no requirement for surgical intervention during the 12-month period following treatment. Findings from this pivotal study were published in *The Lancet Respiratory Medicine*.

Long-term follow-up data presented at the American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNSF) further demonstrated durability of response. As of the September 19, 2025 data cutoff, 83% (15 of 18) of patients who achieved a complete response maintained an ongoing response, with a median follow-up of 36 months (range, 27-37 months); the median duration of complete response had not yet been reached. No new safety signals were identified during extended follow-up. Additionally, a sustained reduction in the need for surgical intervention was observed, with 86%, 91%, and 95% of evaluable patients experiencing fewer surgeries compared to baseline in Years 1, 2, and 3, respectively. These findings support the durability and sustained clinical benefit of Papzimeos™ in the management of recurrent respiratory papillomatosis.

BACKGROUND

Recurrent respiratory papillomatosis (RRP) is a rare, chronic disease caused by persistent infection with human papillomavirus (HPV) types 6 or 11. It is characterized by the growth of benign tumors within the respiratory tract, most commonly affecting the larynx. The condition is associated with substantial morbidity, including voice changes, respiratory distress, and potential airway obstruction.

Surgical debulking has historically been the mainstay of treatment. However, in August 2025, the U.S. Food and Drug Administration approved Papzimeos™ (zopapogene imadenovec-drba), the first therapy indicated for adult patients with RRP. Papzimeos™ is a non-replicating adenoviral vector-based immunotherapy designed to elicit an immune response against HPV 6 and 11-infected cells, thereby targeting the underlying cause of disease. It is administered as a series of subcutaneous injections over 12 weeks following surgical debulking. In clinical studies, approximately half of treated patients achieved a complete response, defined as no requirement for surgical intervention for at least 12 months, representing a significant advancement in the treatment landscape.

CODING

Note: *The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of*

payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
N/A	

HCPCS Code	Description
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose

ICD-10 Codes	Description
N/A	

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

For Jefferson Health Plans Everwell and Jefferson Health Plans Chip products: Any requests for services that do not meet criteria set in PARP will be evaluated on a case-by-case basis.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
New policy.	A	11/02/2026

REFERENCES

1. US Food & Drug Administration: <https://www.fda.gov/news-events/press-announcements/fda-approves-first-immunotherapy-recurrent-respiratory-papillomatosis>
2. Drugs.com Papzimeos: <https://www.drugs.com/papzimeos.html>
3. Package Insert-Papzimeos: <https://www.fda.gov/media/188264/download>
4. Precigen: <https://investors.precigen.com/news-releases/news-release-details/precigen-announces-long-term-follow-results-highlighting-ongoing/>
5. Precigen: <https://precigen.com/papzimeos-prescribing-information.pdf>