STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

BELZUTIFAN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
BELZUTIFAN	WELIREG	47546		GPI-10 (2142102000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of von Hippel-Lindau (VHL) disease and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient requires therapy for associated renal cell carcinoma (RCC), central nervous system (CNS) hemangioblastomas, or pancreatic neuroendocrine tumors (pNET)
   - The patient does NOT require immediate surgery

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #3 per day.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **BELZUTIFAN (Welireg)** requires the following rule(s) be met for approval:
   A. You have von Hippel-Lindau (VHL) disease (genetic disorder that causes tumors to grow in the body)
   B. You are 18 years of age or older
   C. You require therapy for associated renal cell carcinoma (RCC: a type of kidney cancer), central nervous system (CNS) hemangioblastomas (tumor in the brain or spinal cord), or pancreatic neuroendocrine tumors (pNET: tumor in the pancreas)
   D. You do NOT require immediate surgery

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Welireg.

REFERENCES

- Welireg [Prescribing Information]. Whitehouse Station, NJ: Merck & Co, Inc.; August 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective:01/01/22
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