people powered health plans

Prior Authorization Criteria Updates Effective April 1, 2022

UCare Individual & Family Plans
UCare Individual & Family Plans with M Health Fairview

On April 1, 2022, prior authorization criteria for the drugs listed below will be updated. These changes will be reflected in the 2022 Prior Authorization Criteria document.

Erlotinib	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded. Bone Cancer. Renal Cell Carcinoma. Vulvar Cancer.
Exclusion Criteria	Breast Cancer. Colorectal Cancer, Advanced. Glioblasatoma Multiforme. Head and Neck Cancer, Squamous Cell, Recurrent and/or Metastatic. Hepatocellular Carcinoma (HCC), Advanced. Renal Cell Carcinoma (RCC), Advanced – Clear Cell Histology.
Required Medical Information	Diagnosis, mutation results, previous therapies tried
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Non-Small Cell Lung Cancer (NSCLC) - Approve if pt has advanced or metastatic, sensitizing epidermal growth factor receptor (EGFR) mutation-positive disease (examples include: exon 19 deletions, exon 21 [L858R] substitution mutations, L861Q, G719X, and S768I). Pancreatic Cancer - Approve if pt has locally advanced, metastatic, or recurrent disease and the medication is used in combination with gemcitabine. Bone Cancer - approve if pt has chordoma and has tried at least one previous therapy. Recal Cell Carcinoma (RCC) - Approve if the pt has has recurrent or advanced renal cell carcinoma of non-clear cell histology or the pt has hereditary leiomyomatosis and renal cell carcinoma and the medication is used in combination with bevacizumab. Vulvar Cancer - Approve if pt has advanced, recurrent, or metastatic disease.

Exkivty	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded
Exclusion Criteria	
Required Medical Information	Diagnosis, mutation results, previous therapies tried
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Non-Small Cell Lung Cancer (NSCLC) - Approve if pt has locally advanced or metastatic NSCLC, epidermal growth factor receptor (EGFR) exon 20 insertion mutation, and previously tried at least one platinum-based chemotherapy.

Gilotrif	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded. Head and Neck Cancer.
Exclusion Criteria	
Required Medical Information	Diagnosis, mutation results, previous therapies tried
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Non-Small Cell Lung Cancer – Epidermal Growth Factor Receptor (EGFR) Mutation-Positive - Approve if pt has advanced or metastatic disease and has sensitizing EGFR mutation-positive non-small cell lung cancer as detected by an approved test. Non-Small Cell Lung Cancer – Squamous Cell Carcinoma - Approve if pt has metastatic squamous cell carcinoma and has disease progression after treatment with platinum-based chemotherapy. Head and Neck Cancer - Approve if pt has non-nasopharyngeal head and neck cancer and has disease progression on or after platinum-based chemotherapy.

Iressa	
PA Criteria	**Criteria Details**
Covered Uses	All FDA approved indications not otherwise excluded.
Exclusion Criteria	
Required Medical Information	Diagnosis, mutation results
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Non-Small Cell Lung Cancer - Approve if the pt has advanced or metastatic disease and has has sensitizing EGFR mutation-positive (e.g. exon 19 deletions, exon 21 [L858R] substitution mutations, L861Q, G719X, and S768I.) non-small cell lung cancer as detected by an approved test.

Tagrisso	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded.
Exclusion Criteria	
Required Medical Information	Other therapies tried and mutation results
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Non-Small Cell Lung Cancer (NSCLC), Epidermal Growth Factor Receptor (EGFR) Mutation-Positive (Other than EGFR T790M) - Approve if pt has advanced or metastatic disease and has sensitizing EGFR mutation-positive non-small cell lung cancer as detected by an approved test. Non-Small Cell Lung Cancer (NSCLC), Epidermal Growth Factor Receptor (EGFR) T790M Mutation-Positive - Approve if pt has metastatic EGFR T790M mutation-positive non-small cell lung cancer as detected by an approved test and has progressed on treatment with at least one of the EGFR tyrosine kinase inhibitors. Non-Small Cell Lung Cancer - Post Resection - Approve if pt has completely resected disease, EGFR exon 19 deletion or exon 21

	(L858R) substitution mutation as detected by an approved test, and pt has either received previous adjuvant chemotherapy or is ineligible to receive platinum-based chemotherapy.

Vizimpro	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded.
Exclusion Criteria	
Required Medical Information	Diagnosis, tumor mutation results
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Non-Small Cell Lung Cancer - Approve if the pt has advanced or metastatic disease and has has sensitizing EGFR mutation-positive (e.g. exon 19 deletions, exon 21 [L858R] substitution mutations, L861Q, G719X, and S768I.) non-small cell lung cancer as detected by an approved test.

Xalkori	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded. Histiocytic Neoplasms. NSCLC with MET Mutation. Soft Tissue Sarcoma - Inflammatory Myofibroblastic Tumor (IMT) with Anaplastic Lymphoma Kinase (ALK) Translocation.
Exclusion Criteria	
Required Medical Information	Diagnosis, mutation results
Age Restrictions	NSCLC, HN - 18 years or older. Anaplastic Large Cell Lymphoma - 1 to 21 years
Prescriber Restrictions	
Coverage Duration	3 years

Other Criteria	Non-Small Cell Lung Cancer (NSCLC) Anaplastic Lymphoma Kinase (ALK)-positive - Approve if pt has metastatic disease. Non-Small Cell Lung Cancer (NSCLC) with ROS1 Rearrangement - approve if pt has metastatic disease. Anaplastic Large Cell Lymphoma - Approve if pt has ALK-positive disease and has received at least one prior systemic treatment regimen. Histiocytic Neoplasms - Approve if pt has ALK-positive disease and pt has one of the following: Langerhans cell histiocytosis, Erdheim-Chester disease, or Rosai-Dorfman disease. Non-Small Cell Lung Cancer (NSCLC) with MET Mutation - Approve if pt has high level MET amplification or MET exon 14 skipping mutation. Soft Tissue Sarcoma – Inflammatory Myofibroblastic Tumor (IMT) with ALK Translocation - Approve.

Rinvoq	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded. .
Exclusion Criteria	Concurrent use with a biologic or with a targeted synthetic DMARD, Anti-IL monoclonal antibody, JAK inhibitor, Xolair, or other potent immunosuppressants. COVID-19. .
Required Medical Information	Diagnosis, previous therapies tried
Age Restrictions	AD - 12 or older. Psa/RA - 18 years or older
Prescriber Restrictions	AD - prescribed by or in consultation with an allergist, immunologist, or dermatologist. PsA - Prescribed by or in consultation with a rheumatologist or dermatologist. RA - Prescribed by or in consultation with a rheumatologist.
Coverage Duration	AD initial - 3 mo. PsA/RA initial - 6 mo. Continuation - 1 yr.
Other Criteria	Atopic Dermatitis (AD) - Approve if pt has had a 4-month trial of at least one traditional systemic therapy, unless intolerant. Psoriatic Arthritis (PsA) - Approve if pt has tried at least one tumor necrosis factor inhibitor for at least 3 months, unless intolerant. Rheumatoid Arthritis (RA) - Approve if pt has tried at least one tumor necrosis factor inhibitor for at least 3 months, unless intolerant. Continuation - Approve if pt has been established on therapy for at least the initial approval duration and pt experienced a beneficial clinical response from baseline when assessed by at least one objective measure or patient experienced an improvement in at least one symptom.

Skyrizi	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded from coverage.
Exclusion Criteria	Concurrent Use with other Biologics or Targeted Synthetic Disease-Modifying Antirheumatic Drugs (DMARDs)
Required Medical Information	Diagnosis, Previous medication use
Age Restrictions	18 years of age and older
Prescriber Restrictions	PP- prescribed by or in consultation with a dermatologist. PsA - prescribed by or in consultation with a rheumatologist or a dermatologist.
Coverage Duration	PP initial - 3 mo. PsA initial - 6 mo. Continuation - 1 yr.
Other Criteria	Plaque Psoriasis (PP) - Approve if pt has tried at least one traditional systemic agent or a biologic for at least 3 months, unless intolerant or has a contraindication to MTX as determined by prescriber. Psoriatic Arthritis (PsA) - Approve. Continuation - Approve if pt has been established on therapy for at least the initial approval duration and pt experienced a beneficial clinical response from baseline when assessed by at least one objective measure or patient experienced an improvement in at least one symptom.

Tykerb	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded. Bone Cancer - Chordoma. Colon or Rectal Cancer.
Exclusion Criteria	Cervical Cancer. Gastric, Esophageal, or Gastroesophageal Adenocarcinoma Cancer. Head and Neck, Squamous Cell Carcinoma. Renal Cell Carcinoma (RCC). Urothelial Carcinoma.
Required Medical Information	Diagnosis, hormone receptor status
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Breast Cancer - Approve if pt has recurrent or metastatic human epidermal growth factor receptor 2 positive (HER2+) breast cancer

	and either the pt has tried at least two prior anti-HER2 based regimens and will use the medication in combination with capecitabine or trastuzumab OR the pt has hormone receptor-positive (HR+) [i.e., estrogen receptor positive {ER+}- and/or progesterone receptor positive {PR+}]disease, will use the medication in combination with an aromatase inhibitor and one of the following applies: pt is a postmenopausal woman, is a pre- or peri- menopausal woman and is is receiving ovarian suppression/ablation with a gonadotropin-releasing hormone (GnRH) agonist, surgical bilateral oophorectomy, or ovarian irradiation, or pt is a man and is receiving a gonadotropin-releasing hormone (GnRH) analog.. Bone Cancer - Approve if pt has a recurrent chordoma and has epidermal growth-factor receptor (EGFR)-positive recurrent disease. Colon or Rectal Cancer - Approve if pt has unresectable advanced or metastatic disease that is human epidermal receptor2 (HER2)-amplified with wild-type RAS and BRAF disease, the pt has not been previously treated with a HER2-inhibitor (e.g. traztuzumab, Nerlyx, Kadcyla, Perjeta), and the pt has tried at least one chemotherapy regeimen or is not a candidate for intensive therapy, and the medication will be used in combinatino with trastuzumab.