people powered health plans

## Prior Authorization Criteria Updates Effective June 1, 2023

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

On June 1, 2023, prior authorization criteria for the drugs listed below will be updated. These changes will be reflected in the 2023 Prior Authorization Criteria document.

| **Everolimus (antineoplastic)** | |
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| **PA Criteria** | **Criteria Details** |
| **Covered Uses** | All FDA-approved indications not otherwise excluded. Endometrial Carcinoma. Gastrointestinal Stromal Tumors (GIST). Histiocytic Neoplasm (HN). Classic Hodgkin Lymphoma. Soft Tissue Sarcoma. Thymomas and Thymic Carcinomas. Differentiated Thyroid Carcinoma. Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma (WM/LPL). Uterine Sarcoma. |
| **Exclusion Criteria** | |
| **Required Medical Information** | diagnosis, hormone receptor status, prior therapies |
| **Age Restrictions** | Breast cancer/NE tumors/RCC/TSC with RA/TC/EC/GIST/CHL/HN/US/STS/TTC/WM/LPL - 18 years or older |
| **Prescriber Restrictions** | |
| **Coverage Duration** | 1 year |
| **Other Criteria** | Breast Cancer - Approve if pt has recurrent or metastatic, hormone receptor Positive (HR+) disease and human epidermal growth factor receptor 2 (HER2)-negative breast cancer AND pt has tried at least one prior endocrine therapy (anastrazole, letrozole, or tamoxifen), AND pt meets one of the following: pt is a postmenopausal woman or a man OR pt is a pre-or perimenopausal woman receiving ovarian suppression/ablation with a gonadotropin-releasing hormone (GnRH) agonist (e.g., leuprolide, triptorelin, goserelin), or has had surgical bilateral oophorectomy or ovarian irradiation AND pt meets one of the following: if pt is a male and if everolimus will be used in combination with exemestane, then the patient is receiving a GnRH analog OR everolimus will be used in combination with exemestane, fulvestrant or tamoxifen AND the pt has not had disease progression while on |

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| | everolimus. Neuroendocrine Tumors of the Pancreas, Gastrointestinal Tract, Lung, and Thymus (Carcinoid Tumors) - Approve. Renal Cell Carcinoma (RCC) - Pt has relapsed or stage IV disease. If using for clear cell disease, the pt has tried a systemic therapy previously (e.g. axitinib, pazopanib, sunitinib, cabozantinib, sorafenib). Tuberous Sclerosis Complex (TSC)-Associated Renal Angiomyolipoma - approve. TSC-Associated Subependymal Giant Cell Astrocytoma (SEGA) - Approve if SEGA cannot be curatively resected. TSC-Associated Partial Onset Seizure - approve. Differentiated Thyroid Carcinoma -Approve if refractory to radioactive iodine therapy. Endometrial Carcinoma - Approve if everolimus will be used in combination with letrozole. GIST - Pt has tried imatinib or avapritinib, sunitinib or dasatinib, regorafenib, ripretinib and everolimus will be used in combination with imatinib, sunitinib, or regorafenib. Histiocytic Neoplasm - Approve if pt has a PIK3CA mutation and one of the following: Erdheim-Chester disease, Rosai-Dorfman disease, or Langerhans cell histiocytosis with bone disease, central nervous system lesions, multisystem disease, or pulmonary disease. Classical Hodgkin Lymphoma - approve if pt has refractory or relapsed disease. Soft Tissue Sarcoma - Approve if pt has perivascular epithelioid cell tumor (PEComa) or recurrent angiomyolipoma/lymphangioleiomyomatosis. Thymomas and Thymic Carcinomas - Approve if pt has tried chemotherapy or pt cannot tolerate chemotherapy. Thyroid carcinoma, differentiated - Approve if pt has has differentiated thyroid carcinoma (e.g. papillary, follicular, and Hürthle cell thyroid carcinoma) and the disease is refractory to radioactive iodine therapy. WM/LPL - Approve if pt has not responded to primary therapy or pt has progressive or relapsed disease. Uterine Sarcoma (US) - Approve if pt has advanced, recurrent, metastatic, or inoperable disease and a perivascular epithelioid cell tumor (PEComa) and pt has tried at least one systemic regimen. |

## Hydroxyprogesterone (Makena)

| PA Criteria | Criteria Details |
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| **Covered Uses** | All FDA-approved indications not otherwise excluded. |
| **Exclusion Criteria** | Hx of threatened preterm birth. Infertility. Pts pregnant with multiple gestations (twins, or other multiples). Pregnant pt with short cervix without a hx of a prior Singleton Spontaneous Preterm Birth. |
| **Required Medical Information** | Pregnancy status and history |

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| **Age Restrictions** | |
| **Prescriber Restrictions** | |
| **Coverage Duration** | Reduce Risk of Preterm Birth - 5 months. |
| **Other Criteria** | Reduce Risk of Preterm Birth - Pt is pregnant with singleton pregnancy with history of single spontaneous preterm birth prior to 37 weeks gestation and the pt is currently receiving hydroxyprogesterone caproate. NOTE: In cases where there was an inaccuracy in dating the pregnancy, a one-month authorization may be granted to patients who have already received 21 injections and are less than 37 weeks pregnant. |