people powered health plans

Prior Authorization Criteria Updates Effective July 1, 2022

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

On July 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.

Doptelet	
PA Criteria	**Criteria Details**
Covered Uses	All FDA approved indications not otherwise excluded
Exclusion Criteria	
Required Medical Information	Diagnosis, lab results
Age Restrictions	18 years or older
Prescriber Restrictions	Prescribed by or in consultation with a hemoatologist
Coverage Duration	Initial - 3 months. Continuation - 1 year
Other Criteria	Chronic Immune Thrombocytopenia - Approve if pt has a platelet count below 30,000/mcl, or a count below 50,000/mcl if the provider attests that the pt is at an increased risk of bleeding. The pt must also have tried at least one other therapy or undergone a splenectomy. Continuation - Approve if pt demonstrates a beneficial clinical response, per provider, and the pt remains at risk for bleeding complications.

Erleada	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded.
Exclusion Criteria	
Required Medical	Diagnosis, other therapies

Information	
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Prostate Cancer – Castration-Resistant - Approve if the medication is used in combination with a gonadotropin-releasing hormone (GnRH) agonist, the medication is used concurrently with Firmagon, or pt has had a bilateral orchiectomy. Prostate Cancer – Metastatic, Castration-Sensitive - Approve if the medication is used in combination with a gonadotropin-releasing hormone (GnRH) agonist, the medication is used concurrently with Firmagon, or pt has had a bilateral orchiectomy.

Koselugo	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded. Pilocytic Astrocytoma.
Exclusion Criteria	
Required Medical Information	Diagnosis
Age Restrictions	NT1 - 2 years or older. PA - 3 to 21 years old
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Neurofibromatosis Type 1 - approve if the patient is 2 to 18 years of age OR the patient is 19 years of age or older and has been previously started on therapy with Koselugo prior to becoming 19 years of age, AND prior to starting Koselugo the patient has symptomatic, inoperable plexiform neurofibromas, according to the prescriber. Pilocytic Astrocytoma - Approve if pt has recurrent, refractory, or progressive disease, the requested medication will be used as a single agent, and the tumor is BRAF fusion positive or BRAF V600E activating mutation positive.

Repatha	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded.

Exclusion Criteria	Concurrent use of Leqvio, Juxtapid, Praluent.
Required Medical Information	Diagnosis, lab values, other therapies tried
Age Restrictions	ASCVD/Primary Hyperlipidemia - 18 years or older, HoFH/HeFH - 10 years or older
Prescriber Restrictions	ASCVD/HoFH/HeFH - Prescribed by or in consultation with a cardiologist, endocrinologist, or a physician who focuses in the treatment of CV risk management and/or lipid disorders
Coverage Duration	3 years
Other Criteria	Primary hyperlipidemia/Secondary Prevention for ASCVD/Heterozygous Familial Hyperlimipidemia (HeFH)/Homozygous Familial Hyperlimipidemia (HoFH) - approve if provider attests that the patient has tried statins and/or ezetimibe and was unable to meet LDL goals after 8 weeks with maximally tolerated therapy or is intolerant of both.

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/UC - 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. UC- Prescribed by or in consultation with a gastroenterologist.
Coverage Duration	AD initial - 3 mo. PsA/RA/UC initial - 6 mo. Continuation - 1 yr.
Other Criteria	Atopic Dermatitis (AD) - Approve if pt has had a 3 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. Ulcerative Colitis - Approve if pt has tried Humira and had at least a 3 month trial of at least one tumor necrosis factor or was unable to tolerate. 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.

Xtandi	
PA Criteria	**Criteria Details**
Covered Uses	All FDA-approved indications not otherwise excluded.
Exclusion Criteria	
Required Medical Information	Diagnosis, other therapies
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Prostate Cancer – Castration-Resistant - Approve if the medication is used in combination with a gonadotropin-releasing hormone (GnRH) agonist, the medication is used concurrently with Firmagon, or pt has had a bilateral orchiectomy. Prostate Cancer – Metastatic, Castration-Sensitive - Approve if the medication is used in combination with a gonadotropin-releasing hormone (GnRH) agonist, the medication is used concurrently with Firmagon, or pt has had a bilateral orchiectomy.