



Prior Authorization Criteria Updates Effective December 1, 2022

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

On December 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.

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	1 year
Other Criteria	Non-Small Cell Lung Cancer - Approve if the pt has advanced or metastatic disease and has sensitizing EGFR mutation-positive disease(e.g. exon 19 deletions, exon 21 [L858R] substitution mutations, L861Q, G719X, and S768I.) and the mutation was detected by an approved test.

Welireg	
PA Criteria	Criteria Details
Covered Uses	All FDA-approved indication not otherwise excluded.
Exclusion Criteria	

Required Medical Information	Diagnosis, genetic testing results
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Von Hippel-Lindau Disease - Approve if pt has a von Hippel-Lindau (VHL) germline alteration as detected by genetic testing, does not require immediate surgery, and requires therapy for one of the following conditions: central nervous system hemangioblastomas, pancreatic neuroendocrine tumors, renal cell carcinoma, or retinal hemangioblastoma.