



**Welireg (belzutifan)
Effective 05/01/2022**

Plan	<input type="checkbox"/> MassHealth <input type="checkbox"/> MH UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations			
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions			

Overview

Welireg (belzutifan) is indicated for the treatment of adult patients with von Hippel-Lindau (VHL) disease who require therapy for associated renal cell carcinoma (RCC), central nervous system (CNS) hemangioblastomas, or pancreatic neuroendocrine tumors (pNET), not requiring immediate surgery.

Coverage Guidelines

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member has a diagnosis of von Hippel-Lindau (VHL) disease associated renal cell carcinoma (RCC), central nervous system (CNS) hemangioblastomas, or pancreatic neuroendocrine tumors (pNET)
2. The member does not require immediate surgery
3. The member does not have metastatic disease
4. Medication will be used as a single agent

Continuation of Therapy

Reauthorization may be granted with physician documentation of no evidence of unacceptable toxicity or disease progression while on treatment.

Limitations

399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org



1. Initial approvals and reauthorizations will be granted for: 12 months

References

1. Welireg [package insert]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; August 2021.

Review History

03/16/2022 – Created for March P&T Effective 05/01/2022

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.