

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

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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	
	<b>Medical Specialty Medications (NLX)</b>		
All Plans	Phone: 844-345-2803	Fax: 844-851-0882	
<b>Exceptions</b>	N/A		

**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 the plan 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**

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.

