Mass General Brigham
Health Plan

Welireg (belzutifan)
Effective 05/01/2022

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	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.