



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 8, 2021

WELIREG™ (belzutifan)

LENGTH OF AUTHORIZATION: Up to 1 year

INITIAL REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of von Hippel-Lindau (VHL) disease.
- Patient requires therapy for associated renal cell carcinoma (RCC), central nervous system (CNS) hemangioblastomas, **OR** pancreatic neuroendocrine tumors (pNET).
- Patient does not require immediate surgery.
- Documentation of baseline hemoglobin levels ≥ 9 g/dL.

CONTINUATION OF THERAPY:

- Patient met initial review criteria.
- Documentation of improved clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.
- Hemoglobin level must be ≥ 9 g/dL.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 40 mg tablets.