



Prior Authorization Criteria Updates Effective March 1, 2023

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

On March 1, 2023, prior authorization criteria for the drugs listed below will be updated. These changes will be reflected in the [2023 Prior Authorization Criteria](#) document.

Abiraterone	
PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded. Prostate Cancer - Radical Prostatectomy. Prostate Cancer - Regional Risk Group. Prostate Cancer - Very-High Risk Group
Exclusion Criteria	
Required Medical Information	Diagnosis, other therapies used in combination
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	PC-VHRG - 2 years. All others - 1 year
Other Criteria	<p>"Prostate Cancer – Metastatic, Castration-Resistant (mCRPC) - Approve if the medication is used in combination with prednisone or dexamethasone AND pt meets one of the following criteria: The medication is concurrently used with a gonadotropin-releasing hormone (GnRH) analog (e.g. Lupron, Lupron Depot, Trelstar, Zoladex), the medication is used concurrently with Firmagon, or pt has had a bilateral orchiectomy.</p> <p>Prostate Cancer –Metastatic, Castration-Sensitive (mCSPC) - Approve if the medication is used in combination with prednisone AND pt meets one of the following criteria: The medication is concurrently used with a GnRH analog, the medication is used concurrently with Firmagon, or pt has had a bilateral orchiectomy.</p> <p>Prostate Cancer - Radical Prostatectomy (PCRP) - Approve if the medication is used in combination with prednisone and has PSA persistence or recurrence following radical prostatectomy and pt has pelvic recurrence AND pt meets one of the following criteria: The medication is concurrently used with a gonadotropin-releasing</p>

	<p>hormone (GnRH) analog (e.g. Lupron, Lupron Depot, Trelstar, Zoladex), the medication is used concurrently with Firmagon, or pt has had a bilateral orchiectomy.</p> <p>Prostate Cancer – Regional Risk Group - Approve if the medication is used in combination with prednisone, pt has regional lymph node metastases and no distant metastases, and pt meets one of the following criteria: The medication is concurrently used with a GnRH analog, the medication is used concurrently with Firmagon, or pt has had a bilateral orchiectomy.</p> <p>Prostate Cancer - Very-High Risk Group (PC-VHRG) - Approve if pt is in the very-high-risk group, the medication is used in combination with external beam radiation therapy and prednisone, and pt meets one of the following criteria: The medication is concurrently used with a GnRH analog, the medication is used concurrently with Firmagon, or pt has had a bilateral orchiectomy. "</p>
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Copiktra	
PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded. Marginal Zone Lymphoma.
Exclusion Criteria	
Required Medical Information	Diagnosis, previous therapies tried
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Chronic Lymphocytic Lymphoma - Approve if pt has tried two systemic regimens. Small Lymphocytic Lymphoma - Approve if pt has tried two systemic regimens. T-Cell Lymphoma - Approve if pt has relapsed or refractory disease and pt has peripheral T-cell lymphoma or breast implant-associated anaplastic large cell lymphoma or hepatosplenic T-cell lymphoma.

Lynparza	
PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded.
Exclusion Criteria	
Required	Diagnosis, mutation results, other therapies tried

Medical Information	
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	<p>Breast Cancer, Recurrent or Metastatic - approve if pt has germline BRCA mutation-positive recurrent or metastatic breast cancer and has human epidermal growth factor receptor 2 (HER2)-negative breast cancer. Ovarian Cancer – Treatment - approve if pt has a germline BRCA-mutation and has progressed on two or more prior lines of chemotherapy. Ovarian, Fallopian Tube, or Primary Peritoneal Cancer – Maintenance, Monotherapy - Approve if pt has a germline or somatic BRCA mutation-positive disease as confirmed by an approved test and is in complete or partial response to first-line platinum-based chemotherapy regimen OR pt is in complete or partial response after at least two platinum-based chemotherapy regimens. Ovarian, Fallopian Tube, or Primary Peritoneal Cancer – Maintenance, Combination Therapy - approve if being used in combination with bevacizumab AND pt has homologous recombination deficiency (HRD)-positive disease as confirmed by an approved test (which includes pts with BRCA mutation-positive disease) AND pt is in complete or partial response to first-line platinum-based chemotherapy regimen. Pancreatic Cancer – Maintenance Therapy - Patient has a germline BRCA mutation-positive metastatic disease and the disease has not progressed on at least 16 weeks of treatment with a first-line platinum-based chemotherapy regimen. Prostate Cancer - Approve if pt has metastatic castration resistant prostate cancer, the medication is used concurrently with a gonadotropin-releasing hormone (GnRH) analog or pt has had a bilateral orchiectomy, the pt has germline or somatic homologous recombination repair (HRR) gene-mutated disease (HRR gene mutations include BRCA1, BRCA2, ATM, BARD1, BRIP1, CDK12, CHEK1, CHEK2, FANCL, PALB2, RAD51B, RAD51C, RAD51D, or RAD54L), pt does not have a PPP2R2A mutation, and pt has been previously treated with at least one androgen receptor-directed therapy (e.g. abiraterone, Xtandi, Nubeqa, or Erleada). Breast Cancer, Adjuvant therapy - Approve if pt has germline BRCA mutation-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer, and pt has tried neoadjuvant or adjuvant therapy. Uterine Leiomyosarcoma - Approve if pt has BRCA2-altered disease and has tried one systemic regimen.</p>