



Prior Authorization Criteria Updates Effective September 1, 2023

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

On September 1, 2023, prior authorization criteria for the drugs listed below will be updated. These changes will be reflected in the Prior Authorization Criteria document found on the [Individual & Family Plan Formulary page](#).

Inlyta	
PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded.
Exclusion Criteria	
Required Medical Information	Diagnosis
Age Restrictions	ARCC/DTC/STS - 18 years or older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Advanced Renal Cell Carcinoma (ARCC) - Approve. Differentiated Thyroid Cancer (DTC) (examples include papillary, follicular, and oncocyctic carcinoma (formerly Hürthle cell thyroid carcinoma) - Approve if patient is refractory to radioactive iodine therapy. Soft Tissue Sarcoma (STS) - Approve if pt has alveolar soft part sarcoma and the medication will be used in combination with Keytruda.

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

Medical Information	
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Cholangiocarcinoma - Approve if pt is currently receiving Truseltiq, has unresectable locally advanced or metastatic disease, has fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement, as detected by an approved test, and Truseltiq is used as subsequent therapy.