

Prescriber Criteria Form

Welireg 2025 PA Fax 4902-A v3 010125.docx  
 Welireg (belzutifan)  
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Welireg (belzutifan).

Drug Name:  
 Welireg (belzutifan)

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

Please circle the appropriate answer for each question.			
1	Does the patient have a diagnosis of von Hippel-Lindau (VHL) disease? [If no, then skip to question 4.]	Yes	No
2	Does the patient require therapy for any of the following conditions associated with von Hippel-Lindau (VHL) disease: A) renal cell carcinoma (RCC), B) central nervous system (CNS) hemangioblastomas, C) pancreatic neuroendocrine tumors (pNET)? [If no, then no further questions.]	Yes	No
3	Does the patient require immediate surgery? [No further questions.]	Yes	No
4	Does the patient have a diagnosis of advanced renal cell carcinoma (RCC)? [If no, then no further questions.]	Yes	No
5	Has the patient previously received treatment with a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor? [If no, then no further questions.]	Yes	No
6	Has the patient previously received treatment with a vascular endothelial growth factor tyrosine kinase inhibitor (VEGF-TKI)?	Yes	No

Comments: \_\_\_\_\_

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

**Prescriber (or Authorized) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_