

Provider Bulletin



News and Information

April 12, 2021

Updated Prior Authorization Criteria for Drugs on the UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview Plans Formulary

On June 1, 2021, prior authorization criteria for the drugs listed below will be updated. These changes will be reflected in the [2021 Prior Authorization Criteria](#) document.

[Click here](#) to see updated criteria effective June 1, 2021.

- Alecensa
- Continuous Glucose Monitors
- Erleada
- Forteo
- Gavreto
- Ibrance
- Iclusig
- Kisqali
- Kynmobi
- Leuprolid (long acting)
- Lonsurf
- Lorbrena
- Ninlaro
- Omnipod
- Onureg
- Promacta
- Rubraca
- Tarceva
- Verzenio
- Xtandi
- Zokinvy

[Pharmacy resources](#) are available on the UCare Provider website.