

# Provider Bulletin



## News and Information

November 15, 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 January 1, 2022, prior authorization criteria for the drugs listed below will be updated. These changes will be reflected in the [2022 Prior Authorization Criteria](#) document.

[Click here](#) to see updated criteria effective January 1, 2022.

- Acthar
- Bexarotene
- Cimzia
- Cometriq
- Corlanor
- Enbrel
- Hetlioz
- Kynmobi
- Nerlynx
- Nuplazid
- Odomzo
- Penicillamine
- Targretin (Topical)
- Topical Testosterone
- Trelstar
- Viberzi
- Zileuton

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