

Provider Bulletin



News and Information

April 8, 2022

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, 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 June 1, 2022.

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

- Alecensa
- Arcalyst
- Cabometyx
- Dalfampridine ER
- Everolimus (antineoplastic)
- Growth Hormone
- Idhifa
- Immune Globulin
- Jakafi
- Livtencity
- Lonsurf
- Onureg
- Rydapt
- Scemblix
- Tazverik
- Teriparatide
- Tibsovo
- Voxogo