

Provider Bulletin



News and Information

March 23, 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 May 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 May 1, 2022.

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

- Benlysta
- Dupixent
- Evrysdi
- Ibrance
- Kalydeco
- Kisqali
- Lynparza
- Lysosomal Storage Disease Enzyme Replacement Therapies
- Rubraca
- Tabrecta
- Talzenna
- Tepmetko
- Verzenio
- Zokinvy