

Provider Bulletin

News and Information



November 10, 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 January 1, 2023, prior authorization criteria for the drugs listed below will be updated. These changes will be reflected in the [2023 Prior Authorization Criteria](#) document.

[Click here](#) to see updated criteria effective January 1, 2023.

- Aubagio
- Avonex
- Cibinqo
- Dimethyl Fumarate
- Exkivty
- Gavreto
- Gilenya
- Glatopa
- Inrebic
- Mayzent
- Onureg
- Pemazyre
- Retevmo
- Rozlytrek
- Sodium Phenylbutyrate
- Tiopronin
- Vitrakvi
- Vumerity
- Rebif

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