

# Provider Bulletin



## News and Information

February 17, 2023

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

On April 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 April 1, 2023.

- Bexarotene Gel
- Fingolimod
- Rituxan Hycela

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