

Provider Bulletin



News and Information

August 12, 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 October 1, 2021, prior authorization criteria for the drugs listed below will be updated. These changes will be reflected in the [2021 Prior Authorization Criteria](#) document.

[Click here](#) to see updated criteria effective October 1, 2021.

- Affinitor
- Alunbrig
- Brukinsa
- Calquence
- Dupixent
- Epogen and Procrit
- Evrysdi
- Imbruvica
- Kynmobi
- Nuedexta
- Ocaliva
- Orkambi
- Piqray
- Solaraze
- Sprycel
- Stivarga
- Strensiq
- Sutent
- Tasigna
- Venclexta
- Votrient
- Xolair
- Zydelig
- Zykadia

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