

Provider Bulletin



News and Information

Feb. 15, 2021

Updated Prior Authorization Criteria for Drugs on the Individual and Family Plans Formulary

Starting April 1, 2021, UCare is updating prior authorization criteria for the drugs listed below that are on the UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview formulary. On April 1, 2021, the [2021 Prior Authorization Criteria](#) document will be updated to reflect these changes.

[Click here](#) to see updated criteria effective April 1, 2021, for the drugs listed below.

Afinitor	Calquence	Tagrisso	Xalkori
Arcalyst	Kalydeco	Trikafta	Zytiga
Austedo	Stivarga	Tykerb	
Brukinsa	Symdeko	Vascepa	

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