

# Provider Bulletin



## News and Information

October 14, 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 December 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 December 1, 2021.

- Arikayce
- Evrysdi
- Fotivda
- Inrebic
- Ivermectin
- Onureg
- Ukoniq

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