

Provider Bulletin



News and Information

April 24, 2024

Updated prior authorization criteria for drugs on the UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview Plans formulary

On June 1, 2024, prior authorization criteria for the drugs listed below will be updated. These changes will be reflected in the [2024 Prior Authorization Criteria](#) forms.

Drug or category	Criteria change
Zokinvy (lonafarnib) 50 and 75 mg capsules for Hutchinson-Gilford Progeria Syndrome and processing-deficient Progeroid Laminopathies	Adding continuation criteria for the use of Zokinvy (lonafarnib). Criteria will require a confirmation of diagnosis consistent with our initial criteria, and an attestation of a positive response to therapy.

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