

Provider Bulletin

News and Information



Feb. 8, 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 March 1, 2024, prior authorization criteria for the drugs listed below will be updated. These changes will be reflected in the [2024 Prior Authorization Forms](#) table.

Drug or category	Criteria change
Copiktra	Removed relapsed or refractory follicular lymphoma as an indication for approval.
Hereditary angioedema prophylaxis (Cinryze, Berinert, Ruconest, Haegarda, Takhzyro, Orladeyo)	Added an exclusion for concomitant use of multiple hereditary angioedema prophylaxis agents.

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