

Provider Bulletin



News and Information

July 18, 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 Sept. 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
PA criteria alignment (Vonjo, Jakafi, Imbruvica)	Vonjo and Jakafi both currently require documentation of platelet level to be submitted. That will be updated to require platelet lab result from within the last three months be provided for both. The age minimum will also be removed for Jakafi. Jakafi currently has first renewal and subsequent renewal requirements for the indications of myelofibrosis and polycythemia vera that will be changed to a single continuation criteria requirement with an attestation that the Navitus standard oncology continuation criteria has been met (member is being monitored and has not experienced progression on the requested medication and it is appropriate to continue the therapy). Jakafi also has indications for acute and chronic graft-versus-host disease (GVHD). The indication of chronic GVHD is shared with Imbruvica (ibrutinib). Both chronic GVHD therapies will have continuation criteria standardized to include diagnosis and language like the Navitus oncology continuation criteria. Age minimums will be removed, where currently present, for consistency across these products. Additionally, all approval durations will be standardized at one year, and prior authorization form indication phrasing will be updated for consistency.

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