

**Notice of changes to prior authorization requirements and coverage criteria — Individual Exchange plans**

The following updates apply to Individual Exchange plans, also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans, in the following states (unless otherwise noted): AL, AZ, CO, FL, GA, IL, KS, LA, MD, MI, MO, MS, NC, NJ, NM, OH, OK, SC, TN, TX, VA, WA and WI.

<b>Medication/Policy</b>	<b>Change(s)</b>	<b>Effective date</b>
Agamree®	New program.	9/1/2024
Benlysta®	Annual review with no changes to coverage criteria. Updated reference.	9/1/2024
Cablivi®	New policy for 9/1.	9/1/2024
Carbaglu™	Annual review with no changes to coverage criteria. Updated reference.	9/1/2024
Dry Eye Disease	Added language on concomitant therapy. Updated references.	9/1/2024
Duvyzat™	New program.	9/1/2024
Evrysdi®	Annual review. Revised prescriber requirement and updated Upper Limb Module to Revised Upper Limb Module test. Updated references.	9/1/2024
Fasenra™	Annual review. Modified criteria for existing prior authorization for under the medical benefit. Updated background for expanded indication for ages 6 years and older. Updated references.	9/1/2024
IFP Administrative State Mandates Guideline	Mississippi step therapy mandate for cancer and associated conditions.	8/1/2024
Lokelma®, Veltassa®	Removed requirement to adjust medications.	9/1/2024
Mirvaso®, Rhofade®	Annual review, no updates.	9/1/2024
Nucala®	Annual review. Updated background with modified indication for CRSwNP. Specified existing prior authorization for under the medical benefit. Updated references.	9/1/2024
Nuedexta®	Annual review. Updated initial authorization to 12 months.	9/1/2024
Oxervate®	New policy for 9/1.	9/1/2024
Qelbree®	Annual review, no changes.	9/1/2024
Radicava ORS®	Annual review. Clarified criteria for existing prior authorization for under the medical benefit. Updated initial authorization and reauthorization to 12 months.	9/1/2024
Relistor®	Annual review. Updated references.	9/1/2024
Relistor® Colorado	Annual review. Updated references.	9/1/2024

Skyrizi™	Updated clinical coverage criteria and background to add ulcerative colitis. Updated active prior authorization verbiage under Crohn's disease with no change to clinical intent. Updated safety language and reference.	9/1/2024
Somavert®	Annual review with no changes to coverage criteria. Updated references.	9/1/2024
Syprine®	Removed Clovique™ as it is obsolete.	9/1/2024
Tezspire™	Annual review. Modified criteria for existing prior authorization for under the medical benefit. Updated references.	9/1/2024
Tezspire™ Colorado	Annual review. Modified criteria for existing prior authorization for under the medical benefit. Updated references.	9/1/2024
Xifaxan®	Annual review, updated references.	9/1/2024
<p>UnitedHealthcare Individual &amp; Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, KS, LA, MO, NJ, and TN; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; and UnitedHealthcare of Wisconsin, Inc. Administrative services provided by United HealthCare Services, Inc. or its affiliates. © 2024 United HealthCare Services, Inc. All Rights Reserved.</p>		