

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, IA, IL, IN, KS, LA, MD, MI, MO, MS, NC, NE, NJ, NM, OH, OK, SC, TN, TX, VA, WA, WI and WY.

Medication/Policy	Change(s)	Effective date
2025 IFP Administrative Continuation of Care Oncology Hepatitis C	Annual review. No changes.	1/1/2025
2025 IFP Administrative Compounded Drugs Guideline	Annual review. No changes.	1/1/2025
2025 IFP Administrative Non- Formulary Guideline	Annual review. Administrative changes to notes only.	1/1/2025
2025 IFP Administrative MD Copay Reduction	Annual review. No changes.	1/1/2025
2025 IFP Administrative Off- Label Guideline	Annual Review. Updated references.	1/1/2025
2025 IFP Administrative Prior Authorization Guideline	Annual review. No changes.	1/1/2025
2025 IFP Administrative Quantity Limits Guideline	Annual review. No changes.	1/1/2025
2025 IFP Administrative State Mandate \$0 Termination of Pregnancy - Illinois	Annual Review.	1/1/2025

2025 IFP Administrative State Mandates Guideline	Added Colorado step mandate for serious mental health. Added Iowa step therapy exception mandate. Added Nebraska step therapy exception mandate. Added Illinois mandate for zero-dollar cost share for abortifacients, hormone therapy for gender dysphoria, HIV PrEP and HIV PEP. Updated New Mexico step therapy mandate. Added New Mexico mandate for medically necessary treatment of autoimmune disorders, cancer and substance use disorders. Added Wyoming step therapy mandate. Updated Louisiana step therapy mandate.	1/1/2025
2025 IFP Administrative Therdose Guideline	Annual Review. Clerical change to Background section. No changes to criteria.	1/1/2025
2025 IFP Contraceptives Zero Dollar Cost Share	New program. Criteria moved from Preventative Medications Zero Dollar Cost Share guideline. Annual review. No changes.	1/1/2025
2025 IFP Diabetic Meters and Test Strips Guideline	Annual review. Updated Background section and operational note regarding direction for continuous glucose monitor request.	1/1/2025
2025 IFP Preventative Medications Zero Dollar Cost Share Review Guideline	Annual review. No clinical changes. Changed guideline name and references to health care reform in operational notes. Background updates. Removed Contraceptives (moved to new Program Contraceptives Zero Dollar Cost Share Review).	1/1/2025
2025 IFP State Mandate \$0 Behavioral Health - New Mexico	Annual review. No changes.	1/1/2025
2025 IFP State Mandate \$0 Cost Share HIV PEP - Colorado, Illinois, Washington	Annual review. Changed Program Name and Background section to include Washington and Colorado. No criteria changes.	1/1/2025
2025 IFP State Mandate \$0 Cost Share Hormone Therapy - Illinois	Annual review. No changes.	1/1/2025
2025 IFP State Mandate \$0 Cost Share Sexually Transmitted Infection (STI) - Colorado	New program.	1/1/2025

2025 IFP State Mandate \$0 Cost Share Sexually Transmitted Infection (STI) - New Mexico	Annual review. No changes.	1/1/2025
2025 IFP State Mandate Non-Formulary Abuse Deterrent Opioid Medications - Florida, Louisiana, Maryland	Annual review. Updated references and background. No criteria changes.	1/1/2025
2025 IFP State Mandate Non-Formulary Atypical Opioid Medications - Colorado	Annual review. Clerical change to formulary note. No clinical changes.	1/1/2025
2025 IFP State Mandate Non-Formulary Brand Truvada® - Colorado	Annual Review. Updated references.	1/1/2025
2025 IFP State Mandate Non-Formulary Descovy® - Colorado	Annual review. No changes.	1/1/2025
2025 IFP State Mandate Non-Formulary Isentress® - Colorado	New program.	1/1/2025
2025 IFP State Mandate Non-Formulary Substance Use Disorder Drugs - Illinois, New Mexico	Removed brand Suboxone®. Added New Mexico.	1/1/2025
2025 Non-Formulary Gender Affirming Treatment	Annual review. No changes.	1/1/2025
2024 IFP State Mandate Non-Formulary Tivicay®	Archived.	1/1/2025
Actemra®	Removed reference to pen product as updated naming convention eliminates the need to list separate formulation when policy applies to all formulations of the product. No change to clinical intent.	1/1/2025
Actemra® - Colorado	Added Xeljanz®/Xeljanz® XR to list of step through agents for Rheumatoid Arthritis for plan year 2025.	1/1/2025

Aqneursa™	New program.	1/1/2025
Anticonvulsants	Added Briviact®, Fintepla®, Nayzilam®, Sympazan®, and Xcopri® to the policy for 1/2025.	1/1/2025
Azole Antifungals	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 1/2025 implementation for Cresemba® only.	1/1/2025
Belbuca®, Butrans®	Updated cancer language to include cancer survivors with chronic pain who have completed cancer treatment, are in clinical remission, or are under cancer surveillance. Added Sickle Cell Disease as diagnosis that would accept less strict review.	1/1/2025
Cabometyx®	Added footnote to GIST step therapy to indicate recommendation is according to guideline recommendation.	1/1/2025
	Annual review. Consolidated sections and updated coverage criteria for kidney cancer and renal cell carcinoma into kidney cancer. Consolidated sections and updated coverage criteria for ewing sarcoma and osteosarcoma into bone cancer. Added criteria for soft tissue sarcoma per NCCN guideline. Updated coverage criteria for hepatocellular carcinoma and endometrial carcinoma. Updated background.	2/1/2025
CGRP	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 1/2025 implementation.	1/1/2025
Cimzia®	Added coverage criteria for pJIA. Updated background and reference.	1/1/2025
Clomid®	Added Iowa to ovulation induction operation note. Updated references.	1/1/2025
CNS Stimulants	Update for plan year 2025 to include step therapy for Vyvanse therapy in patients older than 18, for all diagnosis except BED. Bypass allowed for patients with history of substance abuse disorder.	1/1/2025
Continuous Glucose Monitors	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 1/2025 implementation.	1/1/2025
	Added Quantity Limit exception criteria.	2/1/2025
Cotellic®	Annual review. Updated melanoma, central nervous system cancers, and histiocytic neoplasms criteria based on NCCN guidelines.	1/1/2025
Cystaran®	Annual review. No changes	1/1/2025

Daraprim®	Added note that step agents are guideline supported.	1/1/2025
Daliresp®	Archived for 2025.	
Dry Eye Disease	Updated brand/generic nomenclature throughout for Restasis and generic Restasis® to ensure appropriate review.	1/1/2025
Dupixent®	Added criteria to include new indication for chronic obstructive pulmonary disorder. Updated background and reference.	1/1/2025
Entresto®	Annual review. No changes to clinical content.	1/1/2025
Entyvio® SC	Archived for 2025.	
Erleada®	Annual review with no change to coverage criteria. Updated references.	1/1/2025
FSH	Iowa added to ovulation induction operation note.	1/1/2025
GLP-1 Receptor Agonists	Updated policy to add back footnote that denotes Medications used for the purposes of weight loss are typically excluded from benefit coverage. Coverage is determined by the member's prescription drug benefit plan.	1/1/2025
GnRH Antagonists	Iowa added to ovulation induction operation note.	1/1/2025
HCG	Iowa added to ovulation induction operation note.	1/1/2025
Hycamtin®	Annual review with no changes to coverage criteria.	1/1/2025
Iclusig®	Updated background and references. No changes to coverage criteria.	1/1/2025
IFP Administrative New To Therapy and Morphine Milligram Equivalents	Annual review. Updated cancer language to include cancer survivors with chronic pain who have completed cancer treatment, are in clinical remission, or are under cancer surveillance.	1/1/2025
Interferon	Removed Pegasys® proclick as it is now obsolete.	1/1/2025
Jakafi®	Added FDA/clinical guideline support footnote for clinical steps.	1/1/2025
	Annual review. Updated background per NCCN guidelines. Updated criteria for myelofibrosis, polycythemia vera, graft versus host disease, myeloid/lymphoid neoplasms, myelodysplastic syndromes, pediatric acute lymphoblastic leukemia, immunotherapy-related toxicities, and T-cell lymphomas. Added new section for myeloproliferative neoplasms. Updated duration of approval for additional NCCN recommended regimens.	2/1/2025
Kisqali® Femara® Co pack	Annual review. Updated background and clinical criteria for new indication. Updated reference.	1/1/2025

Leuprolide	Iowa added to ovulation induction operation note.	1/1/2025
Lidocaine Patch	Removed Lidocan II and III as they are removed from formulary for Book of Business.	1/1/2025
	Annual review. Updated reference.	2/1/2025
Long-Acting Opioid Products - Colorado	Updated cancer language to include cancer survivors with chronic pain who have completed cancer treatment, are in clinical remission, or are under cancer surveillance. Added Sickle Cell Disease as diagnosis that would accept less strict review.	1/1/2025
Long-Acting Opioid Products - Florida, Maryland, Louisiana	Updated cancer language to include cancer survivors with chronic pain who have completed cancer treatment, are in clinical remission, or are under cancer surveillance. Added Sickle Cell Disease as diagnosis that would accept less strict review.	1/1/2025
Long-Acting Opioid Products	Updated cancer language to include cancer survivors with chronic pain who have completed cancer treatment, are in clinical remission, or are under cancer surveillance. Added Sickle Cell Disease as diagnosis that would accept less strict review.	1/1/2025
Lovaza®, Vascepa®	Matched Vascepa cardiac risk reduction criteria to commercial medical necessity criteria.	1/1/2025
Menopur®	Iowa added to ovulation induction operation note.	1/1/2025
Miplyffa™	New program.	1/1/2025
Mulpleta®	Added state mansate language and converted to non-formulary policy for 2025 plan year.	1/1/2025
Mytesi®	Archived for 2025.	1/1/2025
Nocdurna®	Converted to non-formulary policy for plan year 2025.	1/1/2025
Non-Solid Oral Dosage Forms	Removed Tiglutik® as it is non-formulary for 2025 book of business. Updated references.	1/1/2025
Ojjaara™	Annual review. Modified title of myelofibrosis to myeloproliferative neoplasms and updated coverage criteria based on NCCN guidelines.	1/1/2025
Olumiant	Annual review. Removed step therapy requirements for alopecia diagnosis. Updated safety language to match commercial.	1/1/2025
Omnipod® 5	Annual review. Updated references.	1/1/2025
Opfolda™	Clarified criteria without change to clinical intent. Updated references.	1/1/2025
Osphena® - Illinois, North Carolina	Archive for plan year 2025.	1/1/2025

Osphena® - Louisiana	Created a Louisiana specific version to remove reauthorization section in alignment with state mandate.	1/1/2025
PAH Agents	Combined Revatio® oral suspension into the other liquid formulations section to make sure all liquid requests try sildenafil suspension first.	1/1/2025
Palynziq™	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 1/2025 implementation.	1/1/2025
Progesterone	Iowa added to ovulation induction operation note.	1/1/2025
Relistor® - Colorado	Archive for plan year 2025; state specific version no longer necessary.	1/1/2025
Rhofade®	Archive program for plan year 2025 – moving to non-formulary book of business.	1/1/2025
Sapropterin	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 1/2025 implementation.	1/1/2025
Sivextro®	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 1/2025 implementation.	1/1/2025
Sublingual Immunotherapy	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 1/2025 implementation.	1/1/2025
Step Therapy - Atypical Antipsychotics	Added lurasidone as a step therapy option for 2025 implementation.	1/1/2025
Step Therapy - Atypical Antipsychotics - Colorado, Texas	Removed reference to Latuda® in the background section. Added Colorado to markets in scope per state mandate requirement. Added lurasidone as a step therapy option.	1/1/2025
Step Therapy - Duobrii®	New program.	1/1/2025
Step Therapy - Inhaled Corticosteroid	New program.	1/1/2025
Step therapy - Oral NSAID Combo	Archived for 2025.	1/1/2025
Step Therapy - Overactive Bladder	Added tiroprium ER and generic Toviaz® to policy for 1/2025.	1/1/2025
Step Therapy - Qelbree®	Archive for plan year 2025.	1/1/2025
Step Therapy - Savella®	New program.	1/1/2025

Step Therapy - Serotonin (5-HT) Receptor Agonists	Updates for plan year 2025 to add the following into the policy: almotriptan, eletriptan (generic Relpax®), Frovatriptan (generic Frova®), sumatriptan-naproxen (generic Treximet®), zolmitriptan (generic Zomig). Zolmitriptan tablets and ODT are being added along with nasal spray. Step therapy has been updated to include a step through all of the following formulary agents: naratriptan, rizatriptan and either sumatriptan nasal spray or sumatriptan tablets. Updated background and references.	1/1/2025
Step Therapy SNRIs - Texas	Annual review, updated reference	1/1/2025
Step Therapy - Topical Steroids	Flurandrenolide ointment removed from policy as it is no longer on the market. Removed prednicarbate and diflorasone diacetate emollient base as step agents as they are off the market.	1/1/2025
Stivarga®	Clarified the use of generic Sutent® as step therapy in SDH GIST therapy and added footnote to step therapy referencing support to treatment guidelines.	1/1/2025
Synribo®	Annual review. No updates.	1/1/2025
Taltz®	New program.	1/1/2025
Tarceva®	Annual review with no changes to clinical coverage criteria. Updated references.	1/1/2025
Tegsedi®	Annual review with no changes to clinical criteria.	2/1/2025
Testosterone	PA added to Depo-testosterone and testosterone enanthate for 1/2025. Updated step through agents to reflect formulary update.	1/1/2025
	Added Undecatrex™ into policy.	2/1/2025
Testosterone - Illinois	PA added to Depo-testosterone and testosterone enanthate for 1/2025. Updated step through agents to reflect formulary update.	1/1/2025
	Added Undecatrex™ into policy.	2/1/2025
Tezspire® - Colorado	Archive for plan year 2025; consolidate into core policy.	1/1/2025
Vecamyl®	Archive for plan year 2025.	1/1/2025
Velsipity® - Colorado	Archived for 2025.	1/1/2025
Veozah®	Added criteria for hepatic laboratory tests and updated references.	1/1/2025
Votrient®	Annual review. Added epithelioid hemangioendothelioma and extraskeletal myxoid chondrosarcoma to Soft Tissue Sarcoma criteria to align with NCCN. Updated references.	1/1/2025



Vowst™	Removed Difucid as step option as it is moved to NF for 1/2025.	1/1/2025
Vowst™ - Colorado	Archive for plan year 2025; consolidate into core policy.	1/1/2025
Wegovy - New Mexico	Updated to remove North Carolina from in-scope.	1/1/2025
Weight Loss	Updated to remove North Carolina from in-scope.	1/1/2025
Xdemvy®	Annual review. No changes.	1/1/2025
Xyrem®, Xywav®, Lumryz™	Added step through Sunosi® for 1/2025 due to formulary change.	1/1/2025
Xyrem®, Xywav®, Lumryz™ - Colorado	Market specific version created for 1/2025 due to NF status of Sunosi® for Colorado.	1/1/2025
Yupelri®	Archive for plan year 2025.	1/1/2025
Zeposia® - Colorado	Archived for 2025.	1/1/2025
<p>UnitedHealthcare Individual & 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, IN, KS, LA, MO, NE, NJ, TN, and WY; 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; UnitedHealthcare of Wisconsin, Inc., and UnitedHealthcare Plan of the River Valley in Iowa. Administrative services provided by United HealthCare Services, Inc. or their affiliates. © 2025 United HealthCare Services, Inc. All Rights Reserved.</p>		

