



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
Abirtega™, Zytiga®	Annual review. Added Abirtega™ to the policy in alignment with Zytiga® due to change in MSC coding.	6/1/2025
Adbry™	Annual review with no changes to coverage criteria. Updated examples with no change to clinical intent. Updated references.	6/1/2025
Austedo®	Annual review with no change to clinical criteria. References updated.	6/1/2025
Benefit Determination - Mifeprex	Updated background of policy to clarify the intent of the Hyde Amendment.	6/1/2025
Berinert®	Annual review. No changes to coverage criteria.	6/1/2025
Cablivi®	Annual review with no change to clinical criteria. Updated reference.	6/1/2025
Cibinqo™	Annual review. Added Ebglyss™ as an example of systemic drug product. Updated examples with no change to clinical intent.	6/1/2025
GLP1 Receptor Agonists	Annual review. Updated background and references.	6/1/2025
Empaveli®	Annual review. No changes to coverage criteria. Updated examples of alternate complement inhibitors.	6/1/2025
Evrysdi®	Revised criteria for patients that have documented decline from pretreatment baseline status following administration of gene replacement therapy.	6/1/2025
Filsuvez®	Annual review with no changes to criteria. Updated references.	6/1/2025
Firazyr®/Sajazir™/Icatibant	Annual review. No changes to coverage criteria. Updated reference.	6/1/2025
Gleevec®	Archive program.	6/1/2025
GLP1 Receptor Agonists	Annual review. Updated background and references.	6/1/2025
Ingrezza®	Annual review with no change to clinical criteria. References updated.	6/1/2025
Lonsurf®	Annual review. No changes to clinical criteria. Updated references.	6/1/2025
Prudoxin™/Zonalon®	Annual review with no changes.	6/1/2025



Rinvoq™	Annual review. Added Ebglyss™ as an example of systemic drug product. Updated examples with no change to clinical intent.	6/1/2025
Ruconest®	Annual review. No changes to coverage criteria.	6/1/2025
Spravato®	Revised options for clinical assessments to reflect different item versions of the same scale as well as added BDI. Removed requirement for combination with oral antidepressant for TRD per updated label. Revised coverage criteria for TRD to require history of failure of a trial of at least two different antidepressant medications or treatment regimens, remove reference to current depressive episode, and remove augmentation with anticonvulsants as a treatment regimen based on latest clinical evidence. Updated references.	6/1/2025
Temodar®	Archive program.	6/1/2025
Venclexta®	Annual review. Updated background and criteria to include Myelodysplastic Syndromes based on NCCN recommendations. Updated multiple myeloma criteria to include additional drugs to be given in combinations with. Updated references.	6/1/2025
Viberzi®	Annual review. Updated references.	6/1/2025
Vyalev™	Archiving policy, move to medical.	6/1/2025
Xolair®	Annual review. No changes to coverage criteria.	6/1/2025

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.
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