

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 |
|-------------------------|---|----------------|
| Actimmune® | Annual review with no changes to coverage criteria. Updated references. | 8/1/2025 |
| Adalimumab | Added Adalimumab-aaty (unbranded Yuflyma®) and Adalimumab-ryvk (unbranded Simlandi®) to policy medications in scope. | 8/1/2025 |
| Alecensa® | Annual review. Added criteria for pediatric diffuse high-grade gliomas per NCCN guidelines. Updated background and references. | 8/1/2025 |
| Cometriq® | Annual review. Updated references. | 8/1/2025 |
| Dupixent® | Added criteria to include new indication for chronic spontaneous urticaria. Updated approval duration for prurigo nodularis. Updated coverage criteria for concomitant use. Added Nemludio® to the list of examples of biologic immunomodulators for prurigo nodularis. Updated background and reference. | 8/1/2025 |
| Filspari™ | Annual review. Updated references. | 8/1/2025 |
| FSH | Annual review. Updated background and references. | 8/1/2025 |
| GnRH Antagonists | Annual review. Updated references. | 8/1/2025 |
| HCG | Annual review. Updated background and references. | 8/1/2025 |
| Iron Chelators | Annual review. No changes to coverage criteria. | 8/1/2025 |
| Kisqali® | Updated breast cancer criteria based on NCCN recommendations. Separated breast cancer into two separate sections. | 8/1/2025 |
| Kisqali® Femara® Copack | Updated breast cancer criteria based on NCCN recommendations. Separated breast cancer into two separate sections. | 8/1/2025 |
| Leukotriene Modifiers | Annual review. Updated references. | 8/1/2025 |
| Menopur® | Updated ovarian stimulation and male hypogonadotropic hypogonadism sections to align with business. Updated references. | 8/1/2025 |
| Myalept® | Annual review. Updated reference value for triglycerides. Updated references. | 8/1/2025 |

| | | |
|--------------------------------|--|----------|
| Nemluvio® | Updated criteria to align with commercial. | 8/1/2025 |
| OFS - Cetrotide® | Annual review. Updated references. | 8/1/2025 |
| OFS Gonadotropins | Revised definition of infertility in background to correlate with American Society for Reproductive Medicine (ASRM). Added criteria bypassing step requirement for patients diagnosed with hypothalamic amenorrhea. Clarified situations to which the use of gonadotropins applies. Removed criterion for initial treatment of diminished ovarian reserve. Updated references. | 8/1/2025 |
| Orkambi™ | Annual review. No changes to coverage criteria. Updated reference. | 8/1/2025 |
| Otezla® | Annual review with no change to clinical criteria. Updated not used in combination examples with no change to clinical intent. | 8/1/2025 |
| Rinvoq™, Rinvoq® LQ | Updated background and added coverage criteria for new indication for Giant Cell Arteritis (GCA). Updated reference. | 8/1/2025 |
| Stivarga® | Annual review. Added new indication and coverage criteria for uterine sarcoma. Updated coverage criteria for colorectal cancer, gastrointestinal stromal tumors, and bone cancer based on NCCN. Updated references. | 8/1/2025 |
| Syprine® | Annual review with no changes to criteria. Updated formatting. | 8/1/2025 |
| Tagrisso® | Updated misspelled EGFR mutation type in non-small cell lung cancer. | 8/1/2025 |
| Topical Calcineurin Inhibitors | Archiving policy. | 8/1/2025 |
| Topical Retinoids | Updated coverage rationale to ask for provider to list diagnosis and added operational note regarding cosmetic conditions being a benefit exclusion. | 8/1/2025 |
| Vanrafia™ | New program. | 8/1/2025 |
| Vijoice® | Annual review without changes to coverage criteria. | 8/1/2025 |
| Weight Loss | Added Vykati™ XR criteria. Updated references. | 8/1/2025 |
| Winrevair™ | Annual review. No changes to coverage criteria | 8/1/2025 |
| Xermelo® | Annual review. No changes to criteria. | 8/1/2025 |
| Xtandi® | Annual review. Updated references. | 8/1/2025 |

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.
© 2025 United HealthCare Services, Inc. All Rights Reserved.