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, NY, OH, OK, SC, TN, TX, VA, WA, WI and WY.

Medication/Policy	Change(s)	Effective date
2026 Administrative New to Therapy and Morphine Milligram Equivalent	Added Xyvona (levorphanol tablets) to policy.	6/1/2026
2026 Administrative State Mandates Guideline	Added Authorization Approval Duration for 3 Years for Chronic Conditions to Oklahoma.	4/15/2026
Adbry®	Annual review with no changes to coverage criteria. Updated combination use language with no change to clinical intent. Updated reference.	6/1/2026
Anticonvulsants	Annual review. Added up to 2 years of age for infantile spasms. Updated references.	6/1/2026
Aqvesme™	New program.	6/1/2026
Austedo®, Austedo XR®	Annual review with no changes to coverage criteria. Updated background.	6/1/2026
Benefit Determination Mifeprex®	Annual review with no changes to coverage criteria.	6/1/2026
Berinert®	Annual review. Updated acute hereditary angioedema agent examples with no change to clinical intent.	6/1/2026
Cablivi®	Annual review with no changes to coverage criteria. Updated background and reference.	6/1/2026
Calquence®	Annual review with no changes to coverage criteria.	6/1/2026
Cardamyst™	New program.	6/1/2026

United Healthcare®

Medication/Policy	Change(s)	Effective date
Calcitonin Gene-Related Peptide (CGRP)	Updated reauthorization section to separate Ajovy® out for patients over 18 and under 18 years of age. Updated CGRP language throughout.	6/1/2026
Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists	Annual review with no changes to coverage criteria. Updated background and references.	6/1/2026
Dupixent®	Added criteria for the new indication for allergic fungal rhinosinusitis. Updated background and reference.	6/1/2026
Evrysdi®	Annual review. Updated gene therapy examples to include Itvisma® with no change to clinical intent. Updated references.	6/1/2026
Filsuvez®	Annual review with no changes to coverage criteria.	6/1/2026
Growth Hormone	Added small for gestational age and Noonan Syndrome as covered indications for Sogroya®. Within congenital growth hormone deficiency (GHD), pediatric GHD, adolescent GHD, and SGA sections, added requirements for documentation that all other etiologies for growth failure have been ruled out. Updated background and references.	6/1/2026
Icotyde™	New program.	6/1/2026
Ingrezza®	Annual review with no changes to coverage criteria. Updated background.	6/1/2026
Lidocaine	Added Tridacaine™ II (lidocaine patches) to policy.	6/1/2026
Long-Acting Opioids	Added Xyvona (levorphanol tablets) to policy.	6/1/2026
Long-Acting Opioids - Colorado	Added Xyvona (levorphanol tablets) to policy.	6/1/2026
Long-Acting Opioids - Florida, Louisiana, Maryland	Added Xyvona (levorphanol tablets) to policy.	6/1/2026
Lonsurf®	Annual review. Updated criteria for colorectal cancer by removing specific criteria related to RAS mutation. Added new coverage criteria for appendiceal neoplasms and cancers.	6/1/2026
Multiple Sclerosis	Annual review with no changes to coverage criteria. Removed Extavia as product is no longer available. Updated background and references.	6/1/2026
Nocdurna®	Annual review with no changes to coverage criteria. Updated header to reflect indication instead of product name.	6/1/2026
Olumiant®	Updated combination examples and language with no change to clinical intent.	6/1/2026
Presbyopia	Added Yuvezzi™ and updated policy name to Presbyopia. Updated background and references.	6/1/2026
Prudoxin®, Zonalon®	Annual review with no changes to coverage criteria.	6/1/2026

Medication/Policy	Change(s)	Effective date
Radicava ORS®	Annual review with no changes to coverage criteria. Updated references.	6/1/2026
Ruconest®	Annual review. Updated acute hereditary angioedema agent examples with no change to clinical intent.	6/1/2026
Sandostatin®	Annual review. Added separate criteria sections for FDA-labeled indications, diarrhea associated with metastatic carcinoid tumors and vasoactive intestinal peptide (VIP) secreting tumors. Simplified criteria for neuroendocrine/adrenal tumors, thyoma/thymic carcinoma, and malignant bowel obstruction. Removed non-FDA labeled indication, bleeding esophageal varices. Updated Background and References.	6/1/2026
Spravato®	Annual review. Removed duplicate operational note with no changes to clinical criteria. Updated references.	6/1/2026
Sprycel®, Phyrago™	Updated criteria changing Sprycel® and Phyrago™ to dasatinib. Updated references.	6/1/2026
Step Therapy - Hepatitis B	Annual review with no changes to coverage criteria.	6/1/2026
Testosterone - Illinois	Updated accepted diagnoses for gender dysphoria and affirmation section to align with state mandate language.	6/1/2026
Testosterone	Updated section names and order to improve clarity without change to clinical intent.	6/1/2026
Venclexta®	Updated criteria for acute lymphoblastic leukemia, acute myeloid leukemia, mantle cell lymphoma, multiple myeloma, and myelodysplastic syndromes based on National Comprehensive Cancer Network recommendations. Updated references.	6/1/2026
Viberzi®	Annual review. Updated references.	6/1/2026
Xolair®	Annual review. Updated combination examples and language with no change to clinical intent.	6/1/2026
Xyrem®, Xywav®, Lumryz™	Removed Xyrem® authorized generic from policy, now available as true generic. Updated background and references.	6/1/2026
Xyrem®, Xywav®, Lumryz™ - Colorado	Removed Xyrem® authorized generic from policy, now available as true generic. Updated background and references.	6/1/2026
Xyrem®, Xywav®, Lumryz™ - New Mexico	Removed Xyrem® authorized generic from policy, now available as true generic. Updated background and references.	6/1/2026
Yuviwel®	New program.	6/1/2026
Zeposia®	Annual review. Updated combination examples and language with no change to clinical intent. Updated reference.	6/1/2026

United Healthcare®