



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 State Mandate Guideline	Added Louisiana urinary and sexual dysfunction mandate.	7/1/2025
Abirtega™, Zytiga®	Updated language for prostate cancer to require brand Zytiga® to step through generic and one of the following: Erleada®, Nubeqa® or Xtandi®. Add step through generic Zytiga® under salivary gland tumor.	7/1/2025
Abirtega™, Zytiga® - Colorado	Colorado specific policy created.	7/1/2025
Administrative Transition of Care (TOC) For Members New to Plan	Change to Background information for operational clarity.	7/1/2025
Afinitor®	Annual review. Updated criteria for neuroendocrine tumors, breast cancer, Hodgkin lymphoma, thyroid cancer, and gastrointestinal stromal tumors per NCCN guidelines. Updated section on endometrial carcinoma and renamed uterine neoplasms. Consolidated sections for meningioma and subependymal giant cell astrocytoma (SEGA) and renamed central nervous system cancer. Consolidated sections for tuberous sclerosis complex (TSC)-associated renal cell carcinoma and advanced renal cell carcinoma and renamed kidney cancer.	7/1/2025
Ampyra®	Annual review. No changes to clinical criteria.	7/1/2025
Brukinsa®	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 7/2025 implementation.	7/1/2025
Cholbam®	Annual review with no change to coverage criteria. Updated reference.	7/1/2025
Crenessity™	Added non-solid dosage form criteria for Crenessity™ oral suspension.	7/1/2025
Daraprim®	Annual review without change to coverage criteria. Updated references.	7/1/2025
Daybue™	Annual review. No changes to clinical criteria.	7/1/2025
Doljovi®	Annual review. No changes to clinical criteria.	7/1/2025



Eohilia™	Annual review. Updated failure language to suboptimal response. Updated authorization duration and added reauthorization criteria.	7/1/2025
Esbriet®, Ofev®	Annual review. Removed prescriber requirement from reauthorization criteria.	7/1/2025
Fabhalta®	Added new indication and criteria for C3 glomerulopathy (C3G). Replaced Soliris® with eculizumab in list of examples of complement inhibitors. Updated background and references.	7/1/2025
Fentanyl	Annual review. Removed Lazanda® and Subsys® as they are no longer on the market. Updated references.	7/1/2025
Furoscix®	Updated background and added criteria for CKD per updated indication. Removed creatinine clearance requirements. Updated references.	7/1/2025
Gilotrif®	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 7/2025 implementation.	7/1/2025
GLP-1	Added Byetta™ and Exenatide (authorized generic of Byetta™) to policy. Removed AG of Victoza® from policy, now available as true generic.	7/1/2025
Joenja®	Annual review. No changes to coverage criteria. Updated references.	7/1/2025
Kisqali®	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 7/2025 implementation.	7/1/2025
Leuprolide	Added Lutrate Depot throughout the policy.	7/1/2025
Lynparza®	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 7/2025 implementation.	7/1/2025
Mekinist®	Annual review. Updated background and references.	7/1/2025
Multiple Sclerosis	Annual review. No changes to clinical criteria. Updated references.	7/1/2025
Nubeqa®	Off-cycle review to fix grammatical errors in NCCN language.	7/1/2025
Omnipod®, Twiist™	Added Twiist™ to the quantity limit criteria section.	7/1/2025
Opioid-containing cough medicines	Annual review, updated references.	7/1/2025
Pomalyst®	Annual review. Updated criteria for multiple myeloma and primary CNS lymphoma based on NCCN recommendation. Updated references.	7/1/2025
Pyrukynd®	Annual review. No changes to clinical criteria.	7/1/2025

Revlimid®	Annual review. Updated coverage criteria for myelodysplastic syndromes (MDS), Hodgkin lymphoma, systemic light chain amyloidosis, T-Cell Lymphomas. Updated references.	7/1/2025
Rivfloza™	Annual review. Removed background information on Oxlumo. Updated background and coverage criteria to lower the age limit to 2 years of age and older due to updated indication.	7/1/2025
Samsca®	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 7/2025 implementation.	7/1/2025
Sandostatin®	Annual review. Updated wording within acromegaly and meningioma coverage criteria without change in clinical intent. Added criteria for well-differentiated grade 3 neuroendocrine tumor. Updated criteria for thymoma or thymic carcinoma. Removed HIV/AIDS-related diarrhea coverage criteria align with current clinical evidence. Added general NCCN recommended review criteria. Updated background and references.	7/1/2025
Skyclarys™	Annual review. No updates to coverage criteria. Updated reference.	7/1/2025
Spevigo®	Annual review. Revised diagnostic criteria per consensus guidelines. Updated combination use language. Updated references.	7/1/2025
Tafinlar®	Annual review. Updated background and references.	7/1/2025
Tagrisso®	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 7/2025 implementation.	7/1/2025
Thalomid®	Annual review. Added criteria for pediatric central nervous system cancers based on NCCN recommendations. Updated background and references.	7/1/2025
Ustekinumab	Added ustekinumab (authorized generic of Stelara®) to the policy.	7/1/2025
Verzenio®	Annual review. Updated criteria for breast cancer per NCCN recommendations. Updated references.	7/1/2025
Voydeya™	Annual review. Updated list of C5 inhibitors by removing trade name of Soliris® from eculizumab.	7/1/2025
Vtama®	Added coverage criteria for atopic dermatitis. Updated background and reference.	7/1/2025
Wegovy® - New Mexico	Updated Wegovy® initial authorization duration to 5 months.	7/1/2025
Xtandi®	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 7/2025 implementation.	7/1/2025



Yonsa®	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 7/2025 implementation.	7/1/2025
Yonsa® - Colorado	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 7/2025 implementation.	7/1/2025
Zydelig®	Annual review. No changes to clinical criteria. Updated references.	7/1/2025
<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.</p> <p>© 2025 United HealthCare Services, Inc. All Rights Reserved.</p>		