



**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 Nemluvio® 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.  
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