

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, IL, KS, LA, MD, MI, MO, MS, NC, NJ, NM, OH, OK, SC, TN, TX, VA, WA and WI.

| Medication/Policy | Change(s) | Effective date |
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| Adalimumab | Add Simlandi® to drug in scope. | 6/1/2024 |
| Austedo® | Annual review with no change to clinical criteria. Reference updated. | 6/1/2024 |
| Beriner® | Annual review with update to examples of genetic variant(s) and diagnostic criteria with normal C1 inhibitor levels. Updated language for reauthorization criteria. | 6/1/2024 |
| Empaveli® | Simplified criteria language for converting to new complement inhibitor therapy. | 6/1/2024 |
| Entyvio® subcutaneous | New program. | 6/1/2024 |
| Fabhalta® | Simplified criteria language for converting to new complement inhibitor therapy. | 6/1/2024 |
| Fentanyl | Added opioid tolerate dose for oral hydrocodone. Updated references. | 6/1/2024 |
| Filsuvez® | New program. | 6/1/2024 |
| Firazyr®, Sajazir™ | Annual review with update to examples of genetic variant(s) and diagnostic criteria with normal C1 inhibitor levels. Updated language for reauthorization criteria. Updated references. | 6/1/2024 |
| Lonsurf® | Annual review. Updated background for FDA indications and NCCN recommendations. Updated diagnostic criteria for colorectal cancer. Updated gastric/gastroesophageal junction adenocarcinoma diagnostic criteria. Updated references. | 6/1/2024 |
| Non-Formulary Gender Affirming Treatment | Updated guideline name and background to clarify that policy is applicable to any market where medications in scope are non-formulary as determined by state mandate. | 6/1/2024 |
| Non-Formulary Substance Use Disorder - (Illinois only) | New program. | 6/1/2024 |

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| Nurtec®, Qulipta™, Ubrelvy™, Zavzpret™ | Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 6/2024 implementation. | 6/1/2024 |
| Quantity Limit | Removed operational note for albuterol inhalers. | 6/1/2024 |
| Reyvow® | Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 6/2024 implementation. | 6/1/2024 |
| Rezdiffra™ | New program. | 6/1/2024 |
| Rivfloza™ | New program. | 6/1/2024 |
| Ruconest® | Annual review with update to examples of genetic variant(s) and diagnostic criteria with normal C1 inhibitor levels. Updated language for reauthorization criteria. | 6/1/2024 |
| State Mandate \$0 Cost Share Sexually Transmitted Infection (STI) - (New Mexico only) | Updated authorization verbiage to include separate authorization durations for acute (1 month) and long-term treatment (12 months). | 6/1/2024 |
| State Mandate Administrative: Guidelines | Updated Louisiana step therapy exception mandate, updated Maryland step therapy exception mandate language, added Louisiana cancer prior authorization requirements mandate, added Texas step therapy exception for serious mental illness mandate. | 6/1/2024 |
| Sucraid® | Added sucrose hydrogen-methane breath test as an acceptable confirmatory diagnostic test. Updated references. | 6/1/2024 |
| Sunlenca® | Archiving non-formulary program in alignment with medical. | 5/1/2024 |
| Tobacco Cessation (HCR \$0 Cost Share Review) | Added operational note for Illinois, removed brand Zyban® and Chantix®, updated references. | 6/1/2024 |
| Velsipity™ | New program. | 6/1/2024 |
| Velsipity™ - (Colorado only) | New program. | 6/1/2024 |
| Venclexta® | Annual review. Updated background on NCCN recommendations. Updated criteria for ALL and AML based on NCCN recommendations. Added criteria for additional indications based on NCCN recommendations for the following: hairy cell leukemia, myeloproliferative neoplasms – accelerated/blast phase myeloproliferative neoplasms, and CMML. Removed oncology medications footnote. | 6/1/2024 |

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| Wegovy® - (North Carolina and New Mexico only) | New program. | 6/1/2024 |
| Weight loss | Removed Wegovy® as it is a drug specific policy now. | 6/1/2024 |
| Xifaxan® | Updated language from “Diagnosis of hepatic encephalopathy” to “Used for prophylaxis of hepatic encephalopathy (HE) recurrence” to further align with PI. | 6/1/2024 |
| Xolair® | Added criteria for new indication, IgE-mediated food allergy. Updated background and references. | 6/1/2024 |
| Zeposia® | Annual review, updated reference. | 6/1/2024 |
| Zeposia® - (Colorado only) | Annual review, updated reference. | 6/1/2024 |
| Zyflo™ Step | Annual review, updated references. | 6/1/2024 |
| Menopur® | Texas added to ovulation induction operational note. | 4/17/2024 |
| FSH | Texas added to ovulation induction operational note. | 4/17/2024 |
| GnRH | Texas added to ovulation induction operational note. | 4/17/2024 |
| HCG | Texas added to ovulation induction operational note. | 4/17/2024 |
| Leuprolide | Texas added to ovulation induction operational note. | 4/17/2024 |
| Progesterone | Texas added to ovulation induction operational note. | 4/17/2024 |
| Clomid® | Texas added to ovulation induction operational note. | 4/17/2024 |
| <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, KS, LA, MO, NJ, and TN; 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; and UnitedHealthcare of Wisconsin, Inc. Administrative services provided by United HealthCare Services, Inc. or its affiliates. © 2024 United HealthCare Services, Inc. All Rights Reserved.</p> | | |