

### 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
Agamree®	Updated references.	12/1/2024
Antidepressant Step	Annual review. Updated references.	12/1/2024
Antidepressant Step Texas, Colorado	Annual review. Updated references.	12/1/2024
Besremi®	Annual review without changes to criteria. Updated references.	12/1/2024
Buprenorphine (Butrans®, Belbuca®)	Annual review. Updated references.	12/1/2024
Caprelsa®	Annual review. Updated criteria for medullary thyroid carcinoma. Updated references.	12/1/2024
Cimzia®	Annual review. Updated reference	12/1/2024
Emflaza®	Annual review with no changes to coverage criteria. Updated background and references.	12/1/2024
Fabhalta®	Updated background and included coverage criteria for primary immunoglobulin A nephropathy (IgAN). Updated list of examples for combination use requirement for PNH. Updated references.	12/1/2024
Flispari®	Updated disease progression criteria and criteria that use is to slow kidney decline. Updated references.	12/1/2024
Forteo®	Annual review with no change to coverage criteria. Updated background and references.	12/1/2024
Furoscix®	Updated background and removed criteria for NYHA Class II and Class III chronic heart failure per updated indication that includes NYHA Class IV chronic heart failure. Updated references.	12/1/2024
Gleevec®	Annual review with no change to coverage criteria. Updated references.	12/1/2024
Imbruvica®	Annual review. No changes to coverage criteria. Updated references.	12/1/2024
Iressa®	Annual review. No changes to coverage criteria. Updated references.	12/1/2024
Kerendia®	Updated diagnosis language. Updated references.	12/1/2024
Ketoprofen/Ketoprofen XR Step	Annual review. Updated references	12/1/2024
Linzess®, Symproic®, Zelnorm®	Annual review. Removed Zelnorm® throughout the policy as it is now obsolete.	12/1/2024



Long-Acting Opioids	Annual review. Updated references.	12/1/2024
Long-Acting Opioids Florida, Louisiana, Maryland	Annual review. Updated references.	12/1/2024
Long-Acting Opioids Colorado	Annual review. Updated references.	12/1/2024
Mulpleta®	Annual review with no change to clinical criteria. Added state mandate language and converted to non-formulary policy for 2025 plan year.	12/1/2024
Multaq®	Annual review. Updated reference.	12/1/2024
Signifor®	Annual review. Updated initial authorization duration to 12 months and updated reference.	12/1/2024
Simponi®	Annual review with no change to coverage criteria.	12/1/2024
Sohonos®	Annual review with no changes to coverage criteria. Updated references.	12/1/2024
Sprycel®	Annual review. Updated coverage criteria to include NCCN language for use in gastrointestinal stromal tumors. Updated references.	12/1/2024
Single Source Brand Anticonvulsants	Updated references.	12/1/2024
Stelara®	Updated criteria for Crohn's disease and ulcerative colitis for establishment of therapy on the medical benefit without change to clinical coverage intent.	12/1/2024
Strensiq®	Annual review with no changes to clinical coverage criteria. Updated references.	12/1/2024
Temodar®	Annual review. Updated background to align with new indication. Updated references.	12/1/2024
Topical Retinoids	Annual review. Updated references.	12/1/2024
Topical Steroids Step	Annual review. Updated references.	12/1/2024
Turalio®	Annual review with no changes to clinical coverage criteria. Updated references.	12/1/2024
Tykerb®	Annual review. Updated coverage criteria for breast cancer, central nervous system cancers, chordoma, colon cancer, and rectal cancer per NCCN guidelines.	12/1/2024
Tymlos®	Annual review with no change to coverage criteria. Updated background and references.	12/1/2024
Valchlor®	Annual review. No changes to coverage criteria. Updated references.	12/1/2024
Xeljanz®	Annual review, updated safety check language and reference.	12/1/2024

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.

