



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 New to Therapy (NTT) and Morphine Milligram Equivalents (MME)	Updated references to fix broken links.	4/1/2025
Adbry®	Added targeted immunomodulator bypass to non-biologic step, added step through Dupixent® and Rinvoq® with a bypass for current users.	5/1/2025
Aqneursa™	Added criteria that Aqneursa™ taken in combination with miglustat or history of failure, contraindication, or intolerance to miglustat.	5/1/2025
Benznidazole	Archiving policy.	5/1/2025
Calquence®	Updated criteria to reflect FDA indication for patients with previously untreated MCL who are ineligible for HSCT. Updated background and references.	5/1/2025
Cinryze®	Annual review, updated reference.	5/1/2025
Continuous Glucose System	Updated sensor quantity limit authorization to remove maximum allowance.	5/1/2025
Crenessity™	New Program.	5/1/2025
Daraprim®	Updated references to fix broken links.	4/1/2025
Dupixent®	Increased authorizations for eosinophilic esophagitis to 12 months.	5/1/2025
Ebglyss™	New Program.	5/1/2025
Glaucoma	Annual review, updated references.	5/1/2025
Haegarda®	Annual review. No changes to the clinical criteria.	5/1/2025
Hetlioz®	Updated initial authorization to 12 months.	5/1/2025
Lovaza®, Vascepa®	Annual review, no changes.	5/1/2025
Nemlurio®	New Program	5/1/2025
Omnipod 5®	Added Twiist™ to criteria. Removed requirement for hypoglycemia, unpredictable blood glucose swings, or HbA1C outside of goal. Added State Mandate Language.	5/1/2025
Omvo®	Added coverage criteria for Crohn's disease. Updated background and references.	5/1/2025
Orladeyo®	Annual review with no changes to clinical criteria. Updated reference.	5/1/2025

Osphena® Louisiana	Annual review. Added State Mandate Language. Updated reference.	5/1/2025
Osphena®	Annual review. Added State Mandate Language. Updated reference.	5/1/2025
Piqray®	Annual review with no changes to coverage criteria.	5/1/2025
Radicava®	Updated reference to Radicava® IV to reflect that edaravone IV is available generically. Simplified diagnosis requirement. Updated invasive ventilation requirement with no change to clinical intent. Updated references. Added State Mandate Language.	5/1/2025
Regranex®	Annual review, no changes.	5/1/2025
Repository Corticotropin	Annual review. Removed dosing requirement and updated references.	5/1/2025
Reyvow®	Annual review. Updated list of prophylactic agents and removed prescriber requirement.	5/1/2025
Sapropterin	Annual review, updated references.	5/1/2025
Sedative Hypnotics	Annual review, no changes to criteria.	5/1/2025
Sensipar®	Removed step through phosphate binder and vitamin D analog from secondary hyperparathyroidism.	5/1/2025
Step Therapy Antiparkinson Agents	Annual review, no changes.	5/1/2025
Stromectol® (ivermectin)	Annual review. Updated references and background with FDA reference.	5/1/2025
Sublingual Immunotherapy	Annual review, no changes.	5/1/2025
Sutent®	Annual review. Updated soft tissue sarcoma to include coverage for extraskeletal myxoid chondrosarcoma per NCCN guidelines. Updated references.	5/1/2025
Takhzyro®	Annual review. No changes to clinical criteria.	5/1/2025
Tobacco Cessation HCR	Annual review, updated references.	5/1/2025
Tukysa®	Annual review. Added criteria for NCCN recommended use of Tukysa in biliary tract cancers. Updated background and references.	5/1/2025
Ustekinumab	Added ustekinumab-kfce (unbranded Yesintek™), ustekinumab-stba (unbranded Steqeyma®), ustekinumab-ttwe (unbranded Pyzchiva®) to the policy.	5/1/2025



Wegovy®	Added State Mandate Language, updated reference.	5/1/2025
Wegovy® New Mexico	Added State Mandate Language, updated reference.	5/1/2025
Weight loss	Removed Zepbound®, moved to drug specific policy.	5/1/2025
Zelboraf®	Annual review with no change to coverage criteria.	5/1/2025
Zepbound®	New Program.	5/1/2025
Zepbound® New Mexico	New Program.	5/1/2025

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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