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, NY, OH, OK, SC, TN, TX, VA, WA, WI and WY.

Medication/Policy	Change(s)	Effective date
Abirtega™, Zytiga® - Colorado	Archive state specific program.	1/1/2027
Administrative State Mandates Guideline	Updated definitions for Tennessee Step Therapy Exception for Cancer mandate. Added serious mental illness to New Mexico Medically Necessary Treatment mandate. Added New Mexico Continuity of Care Mandate. Added Virginia Coverage for Treatment of Menopause and Perimenopause mandate.	1/1/2027
Ancillary Charge Benefit Exception	Annual review with no changes to coverage criteria.	1/1/2027
Aqneursa®	Added coverage criteria for new indication for ataxia-telangiectasia. Updated background and references.	1/1/2027
Asmanex®, Fluticasone	New program.	1/1/2027
Brinsupri®	Annual review with no changes to coverage criteria. Updated references.	1/1/2027
Cimzia®	Updated Actemra® step to preferred tocilizumab product and Xeljanz® step to generic tofacitinib. Added Tremfya® as preferred product for Crohn's disease, psoriatic arthritis, and plaque psoriasis. Updated references.	1/1/2027
Cimzia® - Colorado	Archive state specific program.	1/1/2027
Continuous Glucose System - Illinois	Removed quantity limit exception section.	1/1/2027
Continuous Glucose System	Removed quantity limit exception section.	1/1/2027

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Medication/Policy	Change(s)	Effective date
Contraceptives Zero Dollar Cost Share Review	Annual review with no changes to coverage criteria. Updated references.	1/1/2027
Cotellic®	Annual review. Updated coverage criteria per National Comprehensive Cancer Network (NCCN) updates for melanoma, central nervous system cancers, and histiocytic neoplasms.	1/1/2027
Cough and Cold	Removed quantity limit exception section.	1/1/2027
Diabetic Meters and Test Strips	Removed quantity limit exception section.	1/1/2027
Dry Eye Disease	Changed Tryptyr® and Miebo® from non-preferred to preferred products.	1/1/2027
Erleada®	Annual review with no changes to coverage criteria. Updated references.	1/1/2027
Fentanyl Transmucosal	Archived program.	1/1/2027
Hycamtin®	Annual review with no changes to coverage criteria. Updated references.	1/1/2027
Hyperhidrosis	New program.	1/1/2027
Iclusig®	Annual review. Updated chronic myeloid leukemia and gastrointestinal stromal tumor criteria based on NCCN recommendations. Updated background and references.	1/1/2027
Icotyde™	Added Tremfya® as preferred product.	1/1/2027
Jakafi®	Consolidated coverage criteria for myelofibrosis, myelofibrosis-associated anemia, polycythemia vera, essential thrombocythemia, and myeloproliferative neoplasms into one section for myeloproliferative neoplasms/myelofibrosis. Updated coverage criteria and section name for immunotherapy and CAR-T related toxicities. Updated coverage criteria for T-cell lymphomas to align with NCCN.	1/1/2027
Jesduvroq®	Archive program.	1/1/2027
Joenja®	Added expanded indication in pediatric patients aged 4 to 11 years of age and weigh 27 kg or greater. Added medical record requirement for confirmation of diagnosis. Expanded prescriber requirement to include “in consultation with”.	1/1/2027
Jynarque®	New program.	1/1/2027
Kisqali® Femara® Co Pack	Archive program.	1/1/2027
Leqselvi™ - Colorado	Archive program.	1/1/2027

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Medication/Policy	Change(s)	Effective date
Leuprolide	Removed products covered under medical benefit. Updated background and references. Removed New Mexico from gender dysphoria footnote.	1/1/2027
Litfulo™ - Colorado	Archive program.	1/1/2027
Long-Acting Opioid Products	Removed methadone concentrate products and Oxycontin® authorized generic from policy. Removed step therapy requirement from reauthorization section. Updated references.	1/1/2027
Long-Acting Opioid Products - Colorado	Removed methadone concentrate products and Oxycontin® authorized generic from policy. Removed step therapy requirement from reauthorization section. Updated references.	1/1/2027
Long-Acting Opioid Products - Florida, Louisiana, Maryland	Removed methadone concentrate products and Oxycontin® authorized generic from policy. Removed step therapy requirement from reauthorization section. Updated references.	1/1/2027
Lorbrena®	Annual review. Updated criteria for ROS1 positive non-small cell lung cancer. Updated background and references.	1/1/2027
Methotrexate	New program.	1/1/2027
Nitisinone	Added Orfadin® and Nityr™ to policy. Converted from non-formulary to prior authorization. Updated background and references.	1/1/2027
Non-Formulary Gender Affirming Treatment	Removed New Mexico from gender dysphoria footnote.	1/1/2027
Omalizumab	Added Omlyclo™ to policy. Replaced Xolair® with omalizumab throughout and renamed policy. Updated references.	1/1/2027
Omnipod®-5, Twiist™	Removed quantity limit exception section.	1/1/2027
Opfolda®	Annual review with no change to coverage criteria.	1/1/2027
Otezla®, Otezla XR™	Annual review with no change to clinical criteria. Updated not used in combination examples with no change to clinical intent. Updated reference.	1/1/2027
Rezdiffra™	Annual review with no changes to coverage criteria. Updated references.	1/1/2027
Rhapsido®	Archive program.	1/1/2027
Rinvoq®, Rinvoq LQ®	Annual review with no changes to coverage criteria. Updated reference.	1/1/2027
Rydapt®	Policy reviewed and approved for application to UnitedHealthcare Individual Exchange for 1/2027 implementation.	1/1/2027
Sapropterin	Annual review with no changes to coverage criteria.	1/1/2027
Scemblix®	Policy reviewed and approved for application to UnitedHealthcare Individual Exchange for 1/2027 implementation.	1/1/2027
Sephience™	Annual review with no changes to coverage criteria. Updated references.	1/1/2027

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Medication/Policy	Change(s)	Effective date
Simponi®	Annual review with no change to coverage criteria. Updated references.	1/1/2027
Slynd®	Policy reviewed and approved for application to UnitedHealthcare Individual Exchange for 1/2027 implementation.	1/1/2027
Spravato®	Removed quantity limit exception section.	1/1/2027
Step Therapy_Fibromyalgia	Updated program to apply to generic Savella® only. Updated references.	1/1/2027
Step Therapy_Fibromyalgia - New York	Updated program to apply to generic Savella® only. Updated references.	1/1/2027
Step Therapy_Inhaled Corticosteroids	Removed step through Asmanex®.	1/1/2027
Step Therapy_Inhaled Corticosteroids - New York	Archive program.	1/1/2027
Step Therapy_Topical Steroids	Removed obsolete amcinonide lotion from policy. Updated references.	1/1/2027
Taltz®	Added Tremfya® as preferred product for plaque psoriasis and psoriatic arthritis. Updated references.	1/1/2027
Testosterone	Replaced obsolete Fortesta® with generic testosterone gel 10 mg/act. Removed New Mexico from gender dysphoria footnote.	1/1/2027
Testosterone - Illinois	Replaced obsolete Fortesta® with generic testosterone gel 10mg/act.	1/1/2027
Tocilizumab	Replaced Xeljanz® step with tofacitinib. Updated references.	1/1/2027
Tocilizumab - Colorado	Archive state specific program.	1/1/2027
Tonmya™	Updated step therapy to list generic Savella® instead of brand. Updated references.	1/1/2027
Tonmya™ - Colorado	Archive program.	1/1/2027
Tremfya®	Converted from Non-Formulary to Prior Authorization policy. Removed preferred product step therapy.	1/1/2027
Trikafta®	Policy reviewed and approved for application to UnitedHealthcare Individual Exchange for 1/2027 implementation.	1/1/2027
Velsipity™	Added Tremfya® and Skyrizi® to preferred product options and updated Xeljanz® to tofacitinib. Added step through Zeposia®. Updated references.	1/1/2027
Xdemvy	Annual review. Updated signs and symptoms.	1/1/2027
Yonsa® - Colorado	Archive state specific program.	1/1/2027
Zeposia®	Added Tremfya® as preferred product and updated Xeljanz® to tofacitinib. Updated references.	1/1/2027

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