



Clinical criteria for monoclonal antibody agent updates

Effective May 1, 2026, we're updating our clinical criteria for monoclonal antibody agents. This applies to UnitedHealthcare Community Plan of Texas CHIP, STAR, STAR Kids and STAR+PLUS plans.

Clinical criteria guidelines	Clinical criteria updates
Monoclonal antibody agents	<ul style="list-style-type: none">Added new indication for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP) to Tezspire criteriaUpdated lookback language for past claims for asthma controller medication to "concurrent therapy with asthma controller medication" and added this check to renewal requests to Tezspire criteriaUpdated concurrent therapy checks to say, "Will the client have concurrent therapy with..."

Please use the updated [clinical criteria guidelines](#) to determine if you need to submit a prior authorization request or review the clinical criteria before prescribing these medications.

Questions? We're here to help.

For chat options and contact information, visit UHCprovider.com/contactus.