

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
Afinitor®	Updated background to reflect current NCCN guidance. Updated criteria for neuroendocrine tumors, advanced renal cell carcinoma/kidney cancer. Renamed and updated criteria for tuberous sclerosis complex-associated renal cell carcinoma. Renamed and updated criteria for subependymal giant cell astrocytoma section. Updated criteria for breast cancer, soft tissue sarcomas, thymomas and thymic carcinomas, meningiomas, bone cancer - osteosarcoma, and histiocytic neoplasms. Separated and updated criteria for gastrointestinal stromal tumor (GIST) from soft tissue sarcoma. Removed oncology medications footnote.	7/1/2024
Ampyra®	Annual review with no changes to clinical criteria.	7/1/2024
Calquence®	Annual review with no change to clinical criteria. Updated reference.	7/1/2024
Cholbam®	Annual review with no change to coverage criteria. Updated reference.	7/1/2024
Cosentyx® IV	Removed RAL statement with PA effective 07/01/2024.	7/1/2024
Darapim®	Annual review with no change to coverage criteria. Updated references.	7/1/2024
Daybue™	Changed initial authorization from 6 months to 12, added SML and updated policy to convert from non-formulary to prior authorization.	7/1/2024
Dojolvi®	Annual review. Revised listing of genes associated with long-chain fatty acid disorders. Revised initial authorization to 12 months. Updated references. Added state mandate note.	7/1/2024
Eohilia™	New program.	7/1/2024
Filspari™	Annual review, no updates.	7/1/2024
GLP-1 Receptor Agonists	Added operational note to indicate that filling diabetic medications is not a substitute for clinical review requiring FDA approved/compendia supported diagnosis.	7/1/2024
Joenja®	Annual review. Updated initial authorization duration to 12 months. Updated references.	7/1/2024
Lidocaine Patch	Added Tridacaine, updated reference.	7/1/2024

Livmarli™	Annual review. Added coverage criteria for new PFIC indication. Updated authorization durations to 12 months for ALGS indication. Updated background and references.	7/1/2024
Mekinist®	Added coverage criteria for hairy cell leukemia, salivary gland tumor, and GIST per NCCN. Updated background and references.	7/1/2024
MS	Annual review, added SML and updated references.	7/1/2024
Ophthalmic VEGF	Removed Eylea® HD (aflibercept) Review at Launch statement	7/1/2024
PAH Agents	Added Opsyvni® to criteria	7/1/2024
Pomalyst®	Annual review. Updated criteria for multiple myeloma and kaposi sarcoma. Updated background and references.	7/1/2024
Praluent®	Added criterion for patients less than 10 years of age to align with new label for pediatric patients aged 8 years and older with HeFH. Updated background and references.	7/1/2024
Pyrukynd®	Updated initial approval duration from 6 months to 12 months. Simplified reauthorization criteria. Added state mandate note.	7/1/2024
Revlimid®	Annual review. Updated background to reflect current NCCN guidance and updated the lenalidomide REMS program information. Updated criteria per NCCN for myelodysplastic syndrome, b-cell lymphomas, myelofibrosis-associated anemia, Hodgkin lymphoma, systemic light chain amyloidosis, chronic lymphocytic leukemia/small lymphocytic lymphoma, t-cell lymphoma, and kaposi sarcoma. Renamed and updated criteria for histiocytic neoplasms. Moved castleman disease from b-cell lymphoma into its own criteria. Updated references.	7/1/2024
Rivfloza™	Removed step through Oxlumio®	7/1/2024
Skyclarys™	Annual review with no updates to coverage criteria. Updated references.	7/1/2024
Skyrizi™	Annual review with no changes to coverage criteria. Updated state mandate footnote and references.	7/1/2024
Spevigo®	Added coverage criteria for subcutaneous Spevigo® for the treatment of generalized pustular psoriasis when not experiencing a flare. Updated clinical evidence, FDA, and references sections.	7/1/2024
Spevigo® subcutaneous	New program.	7/1/2024
Spinraza®	Simplified HINE-2 milestones for continuation therapy coverage criteria. Updated references.	7/1/2024

Tafinlar®	Added coverage criteria for hairy cell leukemia, salivary gland tumor, and GIST per NCCN. Updated background and references.	7/1/2024
Thalomid®	Annual review. Removed criteria for myelofibrosis-associated anemia and updated background based on NCCN recommendations. Renamed section D from b-cell lymphoma to castleman disease. Updated criteria for Kaposi sarcoma per NCCN guidance. Updated references.	7/1/2024
Verzenio®	Annual review. Updated background and added clinical criteria for endometrial carcinoma per NCCN. Updated references.	7/1/2024
Voydeya™	New program.	7/1/2024
WBC Stim	Updated diagnosis-specific criteria section; revised criteria for secondary prophylaxis for clarity.	7/1/2024
Zydelig®	Annual review. Updated references	7/1/2024
Zytiga®	Annual review. Added criteria for salivary gland tumor per NCCN. Updated reference.	7/1/2024
<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>		