

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
2024 IFP Administrative Non-Formulary Guideline_080124	Added VA non-formulary exception mandate.	8/1/2024
2024 IFP Administrative State Mandates Guideline_080124	Added operational note for VA.	8/1/2024
Actimmune®	Annual review. No changes to coverage criteria.	8/1/2024
Adalimumab	Annual review. Added Adalimumab-aacf (unbranded Idacio®), Adalimumab-adaz (unbranded Hyrimoz®), Adalimumab-adbm (unbranded Cyltezo®), and Adalimumab-fkjp (unbranded Hulio®) to the program. Updated references.	8/1/2024
Alecensa®	Added criteria for adjuvant treatment following tumor resection of ALK-positive NSCLC per FDA label. Updated references.	8/1/2024
Cimzia®	Annual review, updated safety language.	8/1/2024
Cometriq®	Annual review, updated references.	8/1/2024
Consensi®	Archived.	8/1/2024
Entyvio® subcutaneous	Added criteria for Crohns Disease.	8/1/2024
GLP-1 Receptor Agonists	Added requirement for submission of medical records to confirm type 2 diabetes diagnosis. Updated references.	8/1/2024
HMG – Menopur®	Annual review, updated reference.	8/1/2024
Iron Chelators	Annual review. No changes to clinical criteria.	8/1/2024
Leuprolide	Annual review. Simplified criteria for prostate and salivary gland cancer. Added criteria for uterine sarcoma. Updated reauthorization criteria for CPP. Updated background and references.	8/1/2024
Lokelma®/Veltassa®	Annual review, updated references.	8/1/2024
Myalept®	Annual review with no changes to coverage criteria. Updated background.	8/1/2024
Ocaliva®	Annual review, no updates.	8/1/2024
OFS_Cetrotide	Annual review, no updates.	8/1/2024

Orkambi™	Annual review. Removed prescriber requirement from reauthorization criteria. Updated reference.	8/1/2024
Otezla®	Updated background to reflect new indication for pediatrics with plaque psoriasis. Updated safety language to targeted immunomodulator. Updated reference.	8/1/2024
Promacta®/Alvaiz™	Added Alvaiz™ to the program.	8/1/2024
Rinvoq™	Added Rinvoq® LQ to the program. Updated criteria with pediatric indication for PsA. Added criteria for new indication for pJIA. Updated background, reference and safety language.	8/1/2024
Simponi®	Annual review, updated safety language and updated references.	8/1/2024
Spravato™	Updated wording of coverage criteria without change to clinical intent. Updated approval duration, both initial and reauthorization, to 12 months.	8/1/2024
Stelara™	Annual review, updated safety language. Updated reference.	8/1/2024
Step Therapy_Topical Calcineurin Inhibitors	Annual review, no updates.	8/1/2024
Stivarga®	Annual review. Added examples to anti-EGFR therapy. Removed “criteria” from all reauthorization sections. Separated gastrointestinal stromal tumor criteria from soft tissue sarcoma criteria and updated criteria per NCCN guideline. Added disease subtype criteria to hepatobiliary cancer section. Changed osteosarcoma section to bone cancer and added Ewing Sarcoma to criteria per NCCN guideline. Updated background and reference.	8/1/2024
Syprine®	Annual review with no changes to criteria.	8/1/2024
Tryvio™	New program.	8/1/2024
Vijoice®	Annual Review. Updated Initial Authorization Criteria. Updated Initial Authorization duration to 12 months. Updated references.	8/1/2024
Winrevair™	New program.	8/1/2024
Xermelo®	Annual review. Updated initial authorization duration to 12 months.	8/1/2024
Xolair®	Updated IgE food allergy section.	8/1/2024
<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.</p> <p>© 2024 United HealthCare Services, Inc. All Rights Reserved.</p>		