UnitedHealthcare®

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 IEX Administrative New to Therapy and Morphine Milligram Equivalents	Off-cycle review to update reference.	2/1/2025
Actemra® Colorado	Updated safety check language in alignment with commercial. Removed Cimzia® as a step therapy option in rheumatoid arthritis section. Added Tyenne® to coverage criteria with Actemra. Added trial/failure footnote. Updated background and references.	2/1/2025
Actemra®	Updated safety check language in alignment with commercial. Removed Cimzia® as a step therapy option in RA section. Added Tyenne® to coverage criteria with Actemra. Added T/F footnote. Updated background and references.	2/1/2025
Belbuca®, Butrans®	Off-cycle review to update reference.	2/1/2025
Cimzia®	Updated criteria to add double step throughout policy. Separated ankylosing spondylitis and non-radiogaphic axial spondyloarthritis to account for appropriate step therapy options.	2/1/2025
Clomid®	Off-cycle review to update reference.	2/1/2025
Evrysdi®	Added criteria for patients that have documented decline from pretreatment baseline status following administration of gene replacement therapy. Updated references.	3/1/2025
Growth Hormone	Annual review. Updated authorization criteria to align with the most current treatment guidelines for all indications. Removed dosing limitations for all indications. Updated background and references.	2/1/2025
HCG	Off-cycle review to update reference.	2/1/2025
Ingrezza®	Annual review, updated reference.	2/1/2025
Litfulo™	Annual review, updated safety check language in alignment with commercial without change to overall intent.	2/1/2025
Livdelzi®	New program.	2/1/2025
Long-Acting Opioids	Off-cycle review to update reference.	2/1/2025
Long-Acting Opioids Colorado	Off-cycle review to update reference.	2/1/2025

Long-Acting Opioids Florida, Louisiana, Maryland	Off-cycle review to update reference.	2/1/2025
Mekinist®	Off-cycle review to update reference.	2/1/2025
MS Agents	Off-cycle review to update background and remove broken link.	2/1/2025
Natpara®	Policy archived – therapy obsolete.	2/1/2025
Ocaliva®	Added not receiving in combination language to criteria.	2/1/2025
Opzelura®	Annual review. Updated vitiligo initial authorization to 12 months. Updated reference.	2/1/2025
Pomalyst®	Off-cycle review to update link throughout policy.	2/1/2025
Relyvrio™	Annual review without changes to clinical coverage criteria.	2/1/2025
Sirturo®	Annual review. Updated criteria in alignment with label. Updated reference.	2/1/2025
Spravato®	Off-cycle review to update reference.	2/1/2025
Step Therapy - Antiparkinson Agents	Removed documentation requirement of step therapy.	2/1/2025
Step Therapy - Atypical Antipsychotics	Removed documentation requirement of step therapy.	2/1/2025
Step Therapy - Atypical Antipsychotics Colorado, Texas	Removed documentation requirement of step therapy.	2/1/2025
Step Therapy - SNRIs	Removed documentation requirement of step therapy.	2/1/2025
Step Therapy - SNRIs Texas	Removed documentation requirement of step therapy.	2/1/2025
Step Therapy - Ophthalmic Anti-Allergy Agents	Annual review, updated references.	2/1/2025
Step Therapy - Otic Agents	Annual review, removed documentation requirement for step therapy. Updated reference.	2/1/2025
Taltz®	Removed Cimzia as a step therapy option throughout.	2/1/2025
Vowst™	Annual review. Updated reference.	2/1/2025
Voxzogo®	Annual review. Updated wording of open epiphyses requirement in reauthorization criteria with no change to clinical intent. Updated references.	2/1/2025

Vtama®	Annual review. Removed prescriber requirement. Updated initial authorization to 12 months.	2/1/2025
Vyalev™	New program.	2/1/2025
Yorvipath®	New program.	2/1/2025
Zoryve®	Added criteria for Zoryve 0.15% cream for atopic dermatitis. Updated plaque psoriasis criteria to specify 0.3% cream. Updated all authorizations to 12 months. Removed prescriber requirements. Aligned safety check language with commercial. Updated background and reference.	12/18/2024
Zurzuvae®	Annual review without changes to clinical criteria. Updated reference.	2/1/2025