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
Anticonvulsant	Updated policy to clarify will be applied to brand Vimpat® only, generic no longer will have PA.	4/1/2025
Arikayce®	Annual review with no change to coverage criteria. Updated reference.	4/1/2025
Bosulif®	Annual review with no changes to coverage criteria. Updated background and references.	4/1/2025
Brexafemme®	Annual review. No changes.	4/1/2025
CGRP	Updated list of potential prophylactic therapies to align with Nurtec®, Ubrelvy®, Qulipta®, Zavzpret™. Updated references.	4/1/2025
Continuous Glucose System (formerly CGM)	Renamed policy to continuous glucose system in alignment with GPI name to simplify upkeep and align to operational setup.	3/1/2025
Cuvrior™	Annual review. Updated authorization durations to 12 months. Added state mandate language.	4/1/2025
Egrifta™	Annual review. Updated initial authorization to 12 months and updated reference.	4/1/2025
Growth Hormone	Revised growth failure requirements and updated Somatropin requirements for requests exceeding maximum supply of 0.3mg/kg/week. Updated the required medical records in the reauthorization section throughout.	3/1/2025
Ibrance®	Annual review. No changes to clinical criteria.	4/1/2025
Jesduvroq®	Annual review. No changes.	4/1/2025
Lenvima™	Annual review. Removed criteria for biliary cancer as it is no longer recommended by NCCN. Removed combination use with Keytruda® for endometrial cancer per NCCN. Updated background and references.	4/1/2025
Lorbrena®	Annual review. Separated criteria in Soft Tissue Sarcoma section without change to intent. Added Augtyro™ (repotrectinib) as a first-line therapy option for ROS1 positive NSCLC per NCCN. Updated references.	4/1/2025
Nocdurna®	Annual review. Updated background in alignment with Commercial. No changes to coverage criteria.	4/1/2025
Orilissa®	Annual review. No changes.	4/1/2025

Oxervate®	Annual review with no change to clinical criteria. Updated reference.	4/1/2025
Pulmozyme®	Annual review with no changes to coverage criteria.	4/1/2025
Sandostatin®	Annual review. Updated wording within acromegaly and meningioma coverage criteria without change in clinical intent. Added criteria for well-differentiated grade 3 neuroendocrine tumor. Updated criteria for thymoma or thymic carcinoma. Removed HIV/AIDS-related diarrhea coverage criteria align with current clinical evidence. Updated background and references.	4/1/2025
Sodium phenylbutyrate	Annual review. Updated background. No changes to clinical coverage criteria.	4/1/2025
Step Therapy Hepatitis B	Annual review, updated background and references.	4/1/2025
Tarpeyo®	Annual review. Updated references.	4/1/2025
Testosterone	Updated references. Changed reauthorization to require lab value within the past 12 months in alignment with initial authorization duration and to follow with Commercial.	4/1/2025
Testosterone - Illinois	Updated references. Changed reauthorization to require lab value within the past 12 months in alignment with initial authorization duration and to follow with Commercial.	4/1/2025
Tryngolza™	New program.	4/1/2025
Tryvio™	Added lifestyle modification and other causes have been ruled out. Modified prescriber requirement and concomitant medication requirements. Updated reference.	4/1/2025
Ustekinumab	Added Imuldosa™, Otulfi™, Pyzchiva®, Selarsdi™, Wezlana™, and Yesintek™ to policy.	4/1/2025
Wainua™	Added Attruby™ to Vyndaqel®/Vyndamax® and relabeled as transthyretin stabilizer agents not to be used in combination. Updated reference.	4/1/2025
Xospata®	Annual review. Added criteria for treatment of AML based on NCCN recommendations.	4/1/2025
Zykadia™	Annual review. Removed ROS positive criteria from NSCLC as this is no longer an NCCN recommendation. Removed criteria for IMT which was duplicative as this is covered under soft tissue sarcomas. Updated background and reference.	4/1/2025