

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 IFP Administrative Transition of Care (TOC) For Members New to Plan	Change to Background information for operational clarity.	9/1/2025
Benlysta®	Annual review with no changes to coverage criteria. Updated reference.	9/1/2025
Bonsity®, Forteo®	Added Bonsity® to policy.	9/1/2025
Brukina®	Annual review with no changes to coverage criteria. Updated background and references.	9/1/2025
Carbaglu™	Annual review with no changes to coverage criteria.	9/1/2025
Cimzia® Colorado	Colorado specific policy created to remove non-formulary step therapies.	9/1/2025
Ctexli™	New program.	9/1/2025
Dry Eye Disease	Annual review. Updated diagnosis language. Updated references.	9/1/2025
Duyvzat™	Annual review with no changes to criteria. Updated references.	9/1/2025
Fasenra™	Annual review. Added new indication and criteria for eosinophilic granulomatosis with polyangiitis. Updated statement for concomitant use. Updated background and references.	9/1/2025
Filspari™	Added additional tried failed agent.	9/1/2025
Hepatitis C Agents	Updated coverage criteria for acute hepatitis C virus infection per prescribing information. Updated references. Removed Viekira Pak™ because product has been withdrawn from the market. Updated background and references.	9/1/2025
IFP Administrative State Mandates Guidelines	Updated Tennessee step mandate language. Added rare conditions to New Mexico Medically Necessary Treatment mandate	9/1/2025
Leqselvi™	New program.	9/1/2025

Leqselvi™ Colorado	New program. Market specific version created for 9/2025 due to non-formulary status of Olumiant® for Colorado.	9/1/2025
Litfulo®	Updated criteria to add step through Olumiant®. Added 6-month episode duration requirement to align with Leqselvi. Updated statement for concomitant use.	9/1/2025
Litfulo® Colorado	Market specific version created for 9/2025 due to non-formulary status of Olumiant® for Colorado. Added 6-month episode duration requirement to align with Leqselvi. Updated statement for concomitant use.	9/1/2025
Lynparza®	Annual review. Updated language for use with concurrent steroids for prostate cancer to reflect National Comprehensive Cancer Network recommendations. Updated background and references.	9/1/2025
Nubeqa®	Annual review. Expanded coverage criteria to include metastatic castration-sensitive prostate cancer. Updated references.	9/1/2025
Nucala®	Annual review. Added new indication and criteria for chronic obstructive pulmonary disorder. Updated statement on concomitant use throughout. Updated background and reference.	9/1/2025
Nuedexta®	Annual review. Updated references.	9/1/2025
Palynziq®	Annual review with no change to coverage criteria. Updated references.	9/1/2025
Relistor®	Annual review. Updated references.	9/1/2025
Revlimid®	Updated to simplify criteria for diagnosis of myelofibrosis per National Comprehensive Cancer Network guidance.	9/1/2025
Skyrizi®	Annual review with no change to coverage criteria. Updated drug examples and medical benefit loading dose language with no change to clinical intent. Updated references.	9/1/2025
Somavert®	Annual review with no changes to coverage criteria.	9/1/2025
Tezspire™	Annual review. Updated statement on concomitant use throughout. Updated initial authorization duration and references.	9/1/2025
Xifaxan®	Annual review. Removed inflammatory bowel disease due to limited data available. Updated references.	9/1/2025



Zoryve™	Added Zoryve™ foam to plaque psoriasis criteria. Updated background and reference.	9/1/2025
<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, IN, KS, LA, MO, NE, NJ, TN, and WY; 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; UnitedHealthcare of Wisconsin, Inc., and UnitedHealthcare Plan of the River Valley in Iowa. Administrative services provided by United HealthCare Services, Inc. or their affiliates.</p> <p>© 2025 United HealthCare Services, Inc. All Rights Reserved.</p>		