

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
Albendazole	Archiving policy.	10/1/2025
Bylvay®	Annual review with no changes to criteria. Updated references.	10/1/2025
Camzyos™	Annual review. Revised step therapy requirement to include either one non-vasodilating beta blocker or one nondihydropyridine calcium channel blocker. Simplified criteria for documentation of positive clinical response. Updated references.	10/1/2025
CNS Stimulants	Updated references.	10/1/2025
Diabetic Meters and Test Strips	Added Contour® to the list of preferred products.	8/1/2025
Duopa™	Annual review. Updated references.	10/1/2025
Dupixent®	Added criteria for the new indication for bullous pemphigoid. Updated background and reference.	10/1/2025
Ekterly®	New program.	10/1/2025
Fentanyl Transmucosal	Updated background to include relevant products.	10/1/2025
Juxtapid®	Annual review. Updated references.	10/1/2025
Kerendia®	Annual review. Modified sodium-glucose linked transporter 2 (SGLT2) requirement to provider attestation statement. Added new heart failure indication. Updated background and references.	10/1/2025
Lokelma®, Veltassa®	Annual review. Updated references.	10/1/2025
Praluent®	Annual review with no changes to criteria.	10/1/2025
Preventative Medications Zero Dollar Cost Share	Added Yeztugo® HIV pre-exposure prophylaxis criteria.	8/1/2025
Promacta®, Alvaiz®	Annual review with no change to coverage criteria. Updated references.	10/1/2025



Repatha®	Annual review. Updated references.	10/1/2025
Talzenna®	Annual review. Updated background and references.	10/1/2025
Ustekinumab	Added Starjemza® to policy. Updated references.	10/1/2025
Vivjoa®	Annual review. Updated references.	10/1/2025
Xolremdi®	Annual review. Updated reference.	10/1/2025
<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>		