

**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
Abirtega™, Zytiga®	Annual review. Updated step therapy language for brand Zytiga® to break out between metastatic castration-sensitive and metastatic castration-resistant and updated step therapy logic in accordance with products that share indications. Updated criteria for prostate cancer per National Comprehensive Cancer Network (NCCN), updated references.	11/1/2025
Abirtega™, Zytiga® - Colorado	Annual review. Updated criteria for prostate cancer per NCCN, updated references.	11/1/2025
Belbuca®, Butrans®	Added bypass to neuropathic pain medication step therapy for patients who are new to plan.	11/1/2025
Cabometyx®	Annual review. Added new section for neuroendocrine and adrenal tumors based on updated FDA label and NCCN guidelines. Updated criteria for kidney cancer, non-small cell lung cancer, hepatocellular carcinoma, bone cancer, and soft tissue sarcoma based on NCCN updates. Updated background and references.	11/1/2025
Continuous Glucose Monitors	Added definitions to hypoglycemia criteria.	11/1/2025
Corlanor®	Annual review. Added Inpefa® as option for sodium-glucose cotransporter 2 (SGLT2) requirement.	11/1/2025
Dry Eye Disease	Added Tryptyr® to policy. Removed requirement for over-the-counter artificial tear product use.	11/1/2025
Fentanyl Transmucosal	Removed Actiq® brand as it is no longer on the market. Updated background and references.	11/1/2025

Growth Hormone	Added levodopa as acceptable growth hormone stimulation test for pediatric growth hormone deficiency (GHD). Added adult GHD as covered indication for Skytrofa®. Updated growth failure in children small for gestational age initial authorization criteria. Removed obsolete Saizenprep®. Updated background and references.	11/1/2025
Idhifa®	Annual review. No changes to coverage criteria. Updated references.	11/1/2025
Inlyta®	Annual review. Added new criteria for thymic carcinoma based on NCCN recommendations. Updated background. Updating footnote of policy with no changes to clinical intent.	11/1/2025
Iqirvo®	Annual review with no changes to coverage criteria.	11/1/2025
Livmarli®	Annual review. Removed definitions of progressive familial intrahepatic cholestasis (PFIC) and Alagille syndrome (ALGS) from the background. Removed the pruritis severity requirement from the initial authorization and updated the type of pruritis in coverage criteria for PFIC and ALGS.	11/1/2025
Lovaza®, Vascepa®	Updated footnote of policy with no changes to clinical intent.	11/1/2025
Medical Foods, Nutritional Supplements, Enteral Nutrition	Updated disease/disorder list to align with state drug coverage requirements.	11/1/2025
Multiple Sclerosis (MS)	Removed separate mention of Avonex® and Plegridy® pens. No change to clinical criteria.	11/1/2025
Multaq®	Added state mandate language.	11/1/2025
Nexavar®	Annual review. Updated criteria for renal cell carcinoma per FDA label. Updated hepatocellular carcinoma, thyroid cancer, soft tissue sarcoma, acute myeloid leukemia, salivary gland tumor, and myeloid/lymphoid neoplasms based on NCCN recommendations. Moved gastrointestinal stromal tumors out of soft tissue sarcoma into its own section and updated per NCCN guidance.	11/1/2025

Nurtec®, Qulipta®, Ubrelvy®, Zavzpret™	Annual review with no changes to coverage criteria. Updated references.	11/1/2025
OFS - Cetrotide®	Removed asterisk without corresponding footnote.	11/1/2025
Ohtuvayre®	Annual review. Updated references.	11/1/2025
Olumiant®	Updated footnote callouts.	11/1/2025
Otezla®	Added state mandate language callout.	11/1/2025
Pulmonary Arterial Hypertension (PAH)	Add Yutrepia™ to criteria.	11/1/2025
Pomalyst®	Added footnote callout for multiple myeloma tried/failed alternatives.	11/1/2025
Qlosi™, Vizz™, Vuity®	Added Vizz™. Updated references.	11/1/2025
Relyvrio™	Added state mandate language.	11/1/2025
Rinvoq®	Added Nemludio™ as a try/fail drug option for atopic dermatitis.	11/1/2025
Skyclarys®	Added state mandate language.	11/1/2025
Sohonos®	Added state mandate language.	11/1/2025
Step Therapy - Serotonin Norepinephrine Reuptake Inhibitors (SNRI)	Annual review. Clarified background section.	11/1/2025
Step Therapy - SNRI - Texas	Updated background to clarify step therapy requires a trial of one generic formulation prior to receiving Fetzima®.	11/1/2025
Sunosi®	Annual review. Updated references.	11/1/2025
Thalomid®	Removed footnote referencing FDA labeling and/or NCCN guidelines as there is no reference to this throughout the document.	11/1/2025
Tobramycin Inhalation	Annual review. No changes to coverage criteria. Updated references.	11/1/2025
Topical Retinoid Products	Added tazarotene foam to medication box and clinical review.	11/1/2025
Vafseo®	Annual review. Updated hemoglobin reauthorization criterion.	11/1/2025
Venclexta®	Removed footnote related to FDA labeling/NCCN guideline recommendations.	11/1/2025

Voxzogo®	Added state mandate language.	11/1/2025
Vyvgart Hytrulo®	New program.	11/1/2025
Wakix®	Annual review. Updated references. Added Sunosi® step and exception for substance abuse history or potential.	11/1/2025
Xyrem®, Xywav®, Lumryz™	Annual review. Updated references.	11/1/2025
Xyrem®, Xywav®, Lumryz™- Colorado	Annual review. Updated references.	11/1/2025
Xyrem®, Xywav®, Lumryz™- New Mexico	Created state specific version for New Mexico to account for Xyrem® authorized generic being non-formulary in New Mexico.	11/1/2025
Yonsa®	Updated step therapy for metastatic prostate cancer to step through only Xtandi®. Updated prostate cancer section per NCCN recommendations. Updated references.	11/1/2025
Yonsa®- Colorado	Updated prostate cancer section per NCCN recommendations. Updated references.	11/1/2025
Zeposia®	Added Skyrizi® as a step through option in the ulcerative colitis section.	11/1/2025
Zilbrysq®	Addition of criteria requiring a trial and failure, intolerance, or contraindication to a neonatal Fc receptor (FcRn) blocker. Updated list of FcRn blocker examples.	11/1/2025

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