

**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
Adalimumab	Updated step therapy and combination therapy exclusion to specify systemic targeted immunomodulators and for treatment of the same indication where applicable.	12/1/2025
Adbry®	Removed step through Rinvoq®.	12/1/2025
Agamree®	Annual review with no changes to coverage criteria. Updated background and references.	12/1/2025
Aqneursa™	Removed requirement for combination therapy or failure, contraindication, or intolerance to miglustat.	12/1/2025
Besremi®	Annual review with no changes to coverage criteria. Updated references.	12/1/2025
Caprelsa®	Annual review. Updated criteria for oncocytic, papillary, and follicular carcinoma per National Comprehensive Cancer Network (NCCN). Updated references.	12/1/2025
Cibinqo®	Added step through Rinvoq®.	12/1/2025
Ebglyss®	Removed step through Rinvoq®.	12/1/2025
Egrifta™	Added Egrifta WR™ to program. Updated references.	12/1/2025
Emflaza®	Annual review with no changes to coverage criteria. Updated background and references.	12/1/2025
Empaveli®	Added criteria for new FDA-approved indications complement 3 glomerulonephropathy (C3G) and immune complex membranoproliferative glomerulonephritis (IC-MPGN). Updated background and references.	12/1/2025
Entyvio®	New program.	12/1/2025
Hepatitis C Agents	Simplified and removed pangenotypic treatment and cirrhosis status criteria where applicable. Updated references.	12/1/2025
Imbruvica®	Annual review. Simplified criteria for non-germinal center diffuse large B-cell lymphoma. Updated references.	12/1/2025
Iressa®	Annual review. Added coverage criteria for recurrent or advanced non-small cell lung cancer (NSCLC) per NCCN recommendations. Updated reauthorization criteria wording. Updated references.	12/1/2025

Motofen®	Annual review with no changes to coverage criteria. Updated reference.	12/1/2025
Mulpleta®	Annual review with no changes to coverage criteria.	12/1/2025
Nemludio™	Removed step through Rinvoq® for atopic dermatitis.	12/1/2025
Nuvigil®, Provigil®	Annual review with no changes to coverage criteria.	12/1/2025
Respiratory Corticosteroids	Added exclusion for single-dose products.	12/1/2025
Signifor®	Annual review with no changes to coverage criteria.	12/1/2025
Simponi®	Updated step therapy and combination therapy exclusion to specify systemic targeted immunomodulators and for treatment of the same indication where applicable.	12/1/2025
Spevigo®	Added coverage criteria for self- or caregiver- administered subcutaneous loading dose. Updated references.	12/1/2025
Sprycel®	Annual review. Updated background and coverage criteria to include NCCN recommended use in gastrointestinal stromal tumor. Updated references.	12/1/2025
Step Therapy - Oral Non-Steroidal Anti- Inflammatory Drugs (NSAIDs)	Annual review with no changes to coverage criteria. Updated background.	12/1/2025
Step Therapy - Overactive Bladder Agents	Annual review with no changes to coverage criteria.	12/1/2025
Strensiq®	Annual review. Updated initial and reauthorization criteria. Updated references.	12/1/2025
Turalio®	Annual review with no changes to coverage criteria. Updated references.	12/1/2025
Tykerb®	Annual review. Updated criteria for breast cancer, central nervous system cancer, colon cancer, and rectal cancer per NCCN recommendations.	12/1/2025
Tymlos®	Annual review with no changes to coverage criteria. Updated references.	12/1/2025
Xeljanz®	Updated step therapy and combination therapy exclusion to specify systemic targeted immunomodulators and for treatment of the same indication where applicable.	12/1/2025
Xenazine®	Annual review. Updated references and background.	12/1/2025
Zymfentra®	Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 12/2025 implementation.	12/1/2025



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.  
© 2025 United HealthCare Services, Inc. All Rights Reserved.