

**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.

<b>Medication/Policy</b>	<b>Change(s)</b>	<b>Effective date</b>
Actemra®, Tyenne®	Annual review. Updated combination examples and language with no change to clinical intent. Updated references.	2/1/2026
Actemra®, Tyenne® - Colorado	Annual review. Updated combination examples and language with no change to clinical intent. Updated references.	2/1/2026
Linzess®, Symproic®	Annual review with no changes to coverage criteria. Updated background and references.	2/1/2026
Hepatitis C Agents	Simplified Vosevi® criteria without change to clinical intent. Removed Zepatier® as an example therapy due to removal from market but retained criteria as it is not yet obsolete. Updated references.	2/1/2026
Estrogen, Progesterone - Illinois	New market specific policy created in alignment with state mandate.	1/1/2026
HIV Post- and Pre-Exposure Prophylaxis - Illinois	New market specific policy created in alignment with state mandate.	1/1/2026
Leqembi® IQLIK™	Removed criteria for staging of dementia due to Alzheimer's disease.	2/1/2026
Lidocaine	Annual review with no changes to coverage criteria. Updated references.	2/1/2026
Litfulo®	Updated combination examples and language.	2/1/2026
Litfulo® - Colorado	Updated combination examples and language.	2/1/2026
Livdelzi®	Annual review without changes to coverage criteria. Updated reference.	2/1/2026
Lynkuet®, Veozah®	Added Lynkuet and updated references.	2/1/2026
Nucala	Updated criteria for chronic obstructive pulmonary disease (COPD) section by removing criteria requiring symptoms of a chronic productive cough and updating post-bronchodilator forced expiratory volume in 1 second (FEV1) percent predicted values. Updated references.	2/1/2026
Ocaliva®	Annual review with no changes to coverage criteria. Updated background and references to reflect withdrawal of drug from market.	2/1/2026

Opzelura®	Annual review. Updated combination examples and language with no change to clinical intent. Updated background to reflect new age recommendation for atopic dermatitis (AD). Updated reference.	2/1/2026
Repatha®	Updated background and criteria to include updated label to reduce the risk of major cardiovascular (CV) events in adults at increased risk for these events.	2/1/2026
Step Therapy - Atypical Antipsychotics	Annual review with no changes to coverage criteria. Updated references.	2/1/2026
Step Therapy - Atypical Antipsychotics - Colorado, Texas	Annual review with no changes to coverage criteria. Updated references.	2/1/2026
Step Therapy - Ophthalmic Anti-Allergy Agents	Annual review with no changes to coverage criteria. Removed references to Optivar® and Elestat® brand names since products are obsolete.	2/1/2026
Step Therapy - Otic Agents	Annual review with no changes to coverage criteria. Updated background.	2/1/2026
Tezspire®	Added criteria for new indication of chronic rhinosinusitis with nasal polyps. Updated background and references.	2/1/2026
Tonmya™	New program.	2/1/2026
Tonmya™ - Colorado	New program.	2/1/2026
Ustekinumab	Added ustekinumab-aaaz (unbranded Otulfi®) to policy.	2/1/2026
Voxzogo®	Annual review with no changes to coverage criteria. Updated references.	2/1/2026
Xeljanz®	Updated PsA criteria to include Xeljanz® Oral Solution for new indication for 2 years of age and older. Updated background and reference.	2/1/2026
Yorvipath®	Annual review with no changes.	2/1/2026
Zepbound®	Removed requirement to not have significant craniofacial abnormalities. Added description of mixed and central apneas. Updated references.	2/1/2026
Zepbound® - New Mexico, New York	Removed requirement to not have significant craniofacial abnormalities. Added description of mixed and central apneas. Updated references.	2/1/2026
Zuruvae®	Annual review with no changes to coverage criteria.	2/1/2026
<p>UnitedHealthcare Individual &amp; 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>		