



## 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
<b>Anzupgo<sup>®</sup></b>	New program.	3/1/2026
<b>Attruby<sup>™</sup></b>	Annual review with no changes to coverage criteria. Updated references.	3/1/2026
<b>Azole Antifungals</b>	Annual review with no changes to coverage criteria. Updated references.	3/1/2026
<b>Calcitonin Gene-Related Peptides (CGRP)</b>	Updated background section with pediatric information for Ajovy <sup>®</sup> . Added bypass for pediatric patients. Updated statement for Emgality <sup>®</sup> 100 mg of on concomitant use of CGRPs. Updated references.	3/1/2026
<b>Dawnzera<sup>™</sup></b>	New program.	3/1/2026
<b>Emflaza<sup>®</sup>, Jaythari, Kymbee<sup>™</sup>, Pyquvi<sup>™</sup></b>	Added Kymbee <sup>™</sup> to policy.	3/1/2026
<b>Forzinity<sup>™</sup></b>	New program.	3/1/2026
<b>Idiopathic Pulmonary Fibrosis</b>	Addition of Jascayd <sup>®</sup> to program and coverage criteria for idiopathic pulmonary fibrosis. Updated references.	3/1/2026
<b>Jesduvroq</b>	Annual review with no changes to coverage criteria.	3/1/2026
<b>Lotronex<sup>®</sup></b>	Annual review with no changes to coverage criteria. Updated references.	3/1/2026
<b>Miplyffa<sup>®</sup></b>	Annual review with no changes to coverage criteria. Updated references.	3/1/2026
<b>Orladeyo<sup>®</sup></b>	Updated coverage criteria based on updated FDA indication by separating tried/failed therapies based on age limitations for Haegarda <sup>®</sup> . Updated background and references.	3/1/2026
<b>Rozlytrek<sup>®</sup></b>	Annual review. Expanded section on solid tumors to specify each type with their own criteria based on FDA label and National Comprehensive Cancer Network (NCCN) guidance.	3/1/2026

Medication/Policy	Change(s)	Effective date
<b>Sirturo®</b>	Annual review. Updated background to reflect expanded label. Updated reference.	3/1/2026
<b>Sivextro®</b>	Annual review with no changes to coverage criteria. Updated references.	3/1/2026
<b>Sucraid®</b>	Annual review with no changes to coverage criteria.	3/1/2026
<b>Testosterone - Illinois</b>	Simplified criteria for gender dysphoria in alignment with state mandate.	3/1/2026
<b>Tremfya®</b>	New program.	3/1/2026
<b>Truqap®</b>	Annual review with no changes to coverage criteria. Updated references.	3/1/2026
<b>Vitrakvi®</b>	Annual review. Expanded section on solid tumors to specify each type with their own criteria based on FDA label and NCCN guidance.	3/1/2026
<b>Vowst™</b>	Annual review with no changes to coverage criteria.	3/1/2026
<b>Voyxact®</b>	New program.	3/1/2026
<b>Vyndaqel®, Vyndamax™</b>	Annual review with no changes to coverage criteria. Updated references.	3/1/2026
<b>Xphozah®</b>	Annual review. Updated serum phosphorus requirement. Updated references.	3/1/2026

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.