



# 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, NY, OH, OK, SC, TN, TX, VA, WA, WI and WY.

Medication/Policy	Change(s)	Effective date
<b>Cinryze®</b>	Annual review. Updated list of examples of prophylactic and acute hereditary angioedema therapies. Updated references.	5/1/2026
<b>Doptelet®</b>	New program.	5/1/2026
<b>Ebglyss®</b>	Annual review with no changes to coverage criteria. Updated references.	5/1/2026
<b>Estrogen, Progesterone - Illinois</b>	Updated House Bill 4664 to state mandates. Updated language for accepted diagnoses to align with mandates.	5/1/2026
<b>Filspari®</b>	Added budesonide as a corticosteroid example. Removed step through sodium-glucose co-transporter 2 (SGLT2) agent. Updated references.	5/1/2026
<b>Haegarda®</b>	Annual review. Updated list of examples of prophylactic and acute hereditary angioedema treatments. Updated references.	5/1/2026
<b>Hetlioz®</b>	Annual review with no changes to coverage criteria. Updated references.	5/1/2026
<b>Lovaza®, Vascepa®</b>	Updated risk factors to mirror cardiovascular disease risk assessment in adults. Updated references.	5/1/2026
<b>Nurtec®, Qulipta®, Ubrelvy®, Zavprel®</b>	Updated language on concomitant calcitonin gene-related peptide (CGRP) use throughout.	5/1/2026
<b>Omnipod® 5, Twiist™</b>	Updated footnotes with no change to clinical criteria. Updated references.	5/1/2026
<b>Omvoh®</b>	Updated establishment of therapy on the medical benefit and combination examples and language with no change to clinical intent. Updated reference.	5/1/2026
<b>Osphena®</b>	Annual review with no changes to coverage criteria. Updated references.	5/1/2026

Medication/Policy	Change(s)	Effective date
<b>Otezla® , Otezla XR™</b>	Added Otezla XR™ to program. Updated step therapy and combination therapy exclusion to specify systemic targeted immunomodulators and for treatment of the same indication where applicable. Removed candidates for phototherapy or systemic therapy from plaque psoriasis criteria. Updated background and reference.	5/1/2026
<b>Palsonify™</b>	New program.	5/1/2026
<b>Piqray®</b>	Annual review with no changes to coverage criteria.	5/1/2026
<b>Praluent®</b>	Removed ezetimibe trial requirement for primary hyperlipidemia and atherosclerotic cardiovascular disease. Removed specialist prescriber requirement. Updated background and references.	5/1/2026
<b>Progesterone</b>	Annual review with no changes to clinical criteria. Updated references.	5/1/2026
<b>Regranex®</b>	Annual review with no changes to coverage criteria. Updated references.	5/1/2026
<b>Repatha®</b>	Removed ezetimibe trial requirement for primary hyperlipidemia and atherosclerotic cardiovascular disease. Removed specialist prescriber requirement. Updated references.	5/1/2026
<b>Repository Corticotropins</b>	Annual review with no changes to coverage criteria. Updated background and references.	5/1/2026
<b>Reyvow®</b>	Annual review with no changes to coverage criteria.	5/1/2026
<b>SLIT</b>	Annual review with no changes to coverage criteria. Updated references.	5/1/2026
<b>Stromectol®</b>	Annual review with no changes to coverage criteria. Updated references.	5/1/2026
<b>Sutent®</b>	Annual review with no changes to coverage criteria. Updated references.	5/1/2026
<b>Takhzyro®</b>	Annual review. Updated list of examples of prophylactic and acute hereditary angioedema treatments. Updated criteria by removing requirement to document frequency of attacks. Updated references.	5/1/2026
<b>Tarpeyo®</b>	Removed corticosteroid step and updated references.	5/1/2026
<b>Tocilizumab</b>	Renamed program to Tocilizumab. Added Avtozma® (tocilizumab-anoh) to the program. Updated Actemra® and Tyenne® to Tocilizumab throughout the program.	5/1/2026
<b>Tocilizumab - Colorado</b>	Renamed program to Tocilizumab. Added Avtozma® (tocilizumab-anoh) to the program. Updated Actemra® and Tyenne® to Tocilizumab throughout the program.	5/1/2026
<b>Tukysa®</b>	Annual review. Changed wording for central nervous system cancers.	5/1/2026

Medication/Policy	Change(s)	Effective date
<b>Ustekinumab</b>	Updated combination examples and language with no change to clinical intent. Updated Janssen CarePath Savings Program to manufacturer sponsored program.	5/1/2026
<b>Vanrafia®</b>	Added budesonide as a corticosteroid example. Updated references.	5/1/2026
<b>Vtama®</b>	Updated plaque psoriasis and atopic dermatitis sections to require step through two topical therapies. Updated combination examples and language.	5/1/2026
<b>Zelboraf®</b>	Annual review with no changes to coverage criteria.	5/1/2026
<b>Zoryve®</b>	Updated plaque psoriasis and seborrheic dermatitis sections to require step through two topical therapies. Updated combination examples and language.	5/1/2026

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, NY, 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.