

**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, IL, KS, LA, MD, MI, MO, MS, NC, NJ, NM, OH, OK, SC, TN, TX, VA, WA and WI.

<b>Medication/Policy</b>	<b>Change(s)</b>	<b>Effective date</b>
Cuvrior™	Annual review with no changes to coverage criteria.	3/1/2024
Gender Affirming Treatment (WA only)	Updated criteria to align with WPATH Standards of Care language.	3/1/2024
Hetlioz®	Annual review. Added state mandate note. Updated references.	3/1/2024
Jesduvroq	New program.	3/1/2024
Lotronex®	Annual review, no changes to clinical criteria.	3/1/2024
Lovaza®, Vascepa®	Added Lovaza® to criteria along with step through.	4/1/2024
MS	Updated Mavenclad® reference.	3/1/2024
Omvoh™	New program.	3/1/2024
Promacta®	Annual review. Reformatted criteria without change to clinical intent. Updated background per label and updated reference.	3/1/2024
Regranex®	Annual review. No changes.	3/1/2024
Rozlytrek®	Annual review with update to background. No changes to clinical criteria. Updated references.	3/1/2024
Sandostatin®	Annual review with no changes to coverage criteria. Updated background and references.	3/1/2024
Sedative Hypnotics Step	Updated Belsomra® and Rozerem™ references.	3/1/2024
Sohonos™	New program.	3/1/2024
State Mandate Zero Dollar Cost Share for Termination of Pregnancy (Illinois only)	New program.	3/1/2024
Stromectol®	Annual review. Updated references.	3/1/2024
Sucraid®	Annual review. Updated confirmation of diagnosis requirements for initial authorization. Simplified reauthorization criteria. Updated references.	3/1/2024
TOBI®	Removed lung infection with positive culture requirement and reauthorization criteria allow for Dx to Rx implementation.	3/1/2024
Vitrakvi®	Annual review with no changes to clinical criteria. Updated references.	3/1/2024
Vuity®, Qlosi™	Annual review. Added Qlosi™ Updated references.	3/1/2024
Weight loss	Added Zepbound™	3/1/2024



Zilbrysq®	New program.	3/1/2024
Zurzuvae™	New program.	3/1/2024

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, KS, LA, MO, NJ, and TN; 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; and UnitedHealthcare of Wisconsin, Inc. Administrative services provided by United HealthCare Services, Inc. or its affiliates.  
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