

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.

Medication/Policy	Change(s)	Effective date
2024 IFP Administrative State Mandate \$0 Termination of Pregnancy - (Illinois only)	Added operational approval language for HSA plans. Administrative change to clarify that review may be completed without request.	5/1/2024
2024 IFP Administrative State Mandates Guideline	Updated Florida step therapy mandate.	5/1/2024
2024 IFP State Mandate \$0 Behavioral Health - (New Mexico only)	Administrative change to clarify that review may be completed without request.	5/1/2024
2024 IFP State Mandate \$0 Cost Share HIV Post-Exposure Prophylaxis (PEP) - (Illinois only)	Added operational approval language for HSA plans. Administrative change to clarify that review may be completed without request.	5/1/2024
2024 IFP State Mandate \$0 Cost Share Hormone Therapy - (Illinois only)	Added operational approval language for HSA plans. Administrative change to clarify that review may be completed without request.	5/1/2024
2024 IFP State Mandate \$0 Cost Share Sexually Transmitted Infection (STI) - (New Mexico only)	Administrative change to clarify that review may be completed without request.	5/1/2024
Adbry®	Annual review. Clarified topical steroid potency in atopic dermatitis with no change to clinical intent or coverage criteria. Updated background and reference.	5/1/2024
Benznidazole	Annual review. No changes.	5/1/2024
Cibinqo™	Annual review. Clarified topical steroid potency in atopic dermatitis with no change to clinical intent or coverage criteria. Updated reference.	5/1/2024
Cinryze®	Annual review with update to diagnostic criteria for HAE with normal C1 inhibitor levels. Simplified reauthorization criteria. Updated reference.	5/1/2024

Cough and Cold	Annual review. Updated references.	5/1/2024
Dry Eye Disease	Updated references.	5/1/2024
Dupixent®	Clarified topical steroid potency in atopic dermatitis with no change to clinical intent or coverage criteria. Removed weight requirement from Eosinophilic Esophagitis criteria. Updated state mandate footnote, background and reference.	5/1/2024
Esbriet®, Ofev®	Annual review. No change in coverage criteria. Updated references.	5/1/2024
Furoscix®	Annual review. Updated background to include limitations of use. Updated reference.	5/1/2024
Glaucoma Step	Annual review. No updates	5/1/2024
Haegarda®	Annual review with update to diagnostic criteria for HAE with normal C1 inhibitor levels. Updated language for reauthorization criteria.	5/1/2024
Long-Acting Opioids	Removed references to brand Duragesic® and Zohydro ER® as they are off the market.	5/1/2024
Long-Acting Opioids - (Colorado only)	Removed references to brand Duragesic® and Zohydro ER® as they are off the market.	5/1/2024
Long-Acting Opioids - (Florida, Louisiana, Maryland only)	Removed references to brand Duragesic® and Zohydro ER® as they are off the market.	5/1/2024
Lovaza®, Vascepa®	Annual review. Updated references.	5/1/2024
Mifeprex® Benefit Determination	Annual review. No updates	5/1/2024
Omnipod® 5	Updated note to account for new G7 agent	5/1/2024
Orladeyo®	Annual review with update to diagnostic criteria for HAE with normal C1 inhibitor levels. Updated reauth criteria to match other drugs in the class.	5/1/2024
Osphena®	Annual review. Updated references.	5/1/2024
Osphena® (Illinois and North Carolina only)	Annual review. Updated references.	5/1/2024
Piqray®	Updated criteria reflecting new indication for use in adults removing criteria for postmenopausal, premenopausal with ovarian ablation/suppression and male. Updated background and references.	5/1/2024
Prudoxin®, Zonalon®	Annual review. No changes.	5/1/2024
Repository Corticotropin Injections	Annual review. Updated references	5/1/2024
Sunlenca®	Annual review with no changes to clinical criteria. Added SML and updated reference.	5/1/2024

Sutent®	Annual review. Updated GIST, neuroendocrine/adrenal tumors, and thyroid carcinoma per NCCN recommendations.	5/1/2024
Takhzyro®	Annual review. Update to diagnostic criteria for HAE with normal C1 inhibitor levels. Updated and simplified reauthorization criteria.	5/1/2024
Tukysa®	Annual review. No changes to clinical criteria.	5/1/2024
Viberzi®	Annual review. Increased initial authorization to 12 months.	5/1/2024
Xphozah®	New policy.	5/1/2024
Zelboraf®	Annual review. Updated nomenclature under Thyroid carcinoma from Hurthle cell to oncocytic with no change to clinical intent. Updated reference.	5/1/2024
<p>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. © 2024 United HealthCare Services, Inc. All Rights Reserved.</p>		