



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
2025 IFP Administrative Non-Formulary Guideline	Added administrative note for Illinois.	3/1/2025
2025 IFP Administrative Transition of Care (TOC) for Members New to Plan	New Program.	3/1/2025
2025 IFP Preventative Medications Zero Dollar Cost Share Review Guideline	Revised language for HIV PrEP to align to Affordable Care Act FAQ 47.	3/1/2025
2025 IFP State Mandate Non-Formulary Brand Truvada - Colorado	Revised language for HIV PrEP to align to Affordable Care Act FAQ 47.	3/1/2025
2025 IFP State Mandate Non-Formulary Descovy - Colorado	Archiving policy - now on formulary.	3/1/2025
Adalimumab	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability.	3/1/2025
Aqneursa™	Added criteria that Aqneursa™ is not taken in combination with Miplyffa™.	3/1/2025
Attruby™	New Program.	3/1/2025
Cimzia®	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability. Updated step therapy language for preferred ustekinumab.	3/1/2025
Lotrenox®	Annual review. Updated initial authorization to 12 months.	3/1/2025
Miplyffa™	Added criteria that Miplyffa™ not taken in combination with Aqneursa™.	3/1/2025
Omvoh™	Annual review. Reworded criteria for established therapy through a medical prior authorization for clarity and not to change clinical intent. Updated examples with no change to clinical intent. Updated reference.	3/1/2025

Otezla®	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability.	3/1/2025
Qlosi™, Vuity®	Annual review, updated references.	3/1/2025
Rezdifra™	Revised initial authorization criteria for confirming fibrosis stage F2 or F3. Added criterion to reauthorization criteria that patient has not progressed to cirrhosis. Updated references.	3/1/2025
Rinvoq™	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability. Updated bypass language to targeted immunomodulator language in alignment with Commercial.	3/1/2025
Rozlytrek™	Annual review with no changes to clinical criteria. Updated references.	3/1/2025
Simponi®	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability.	3/1/2025
Skyrizi™	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability. Updated bypass language to targeted immunomodulator language in alignment with Commercial.	3/1/2025
Sucraid®	Added requirement for submission of medical records documenting diagnosis and confirmation of diagnosis. Updated background and references.	3/1/2025
Taltz	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability. Updated step therapy language for preferred ustekinumab.	3/1/2025
Ustekinumab (Stelara®)	Renamed program to ustekinumab. Replaced Stelara® with ustekinumab throughout the program to allow coverage for biosimilar products. Updated trial/failure language to indicate patient must try all formulary ustekinumab products first.	3/1/2025
Velsipity™	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability. Updated bypass language in alignment with Commercial, updated step therapy language for preferred ustekinumab.	3/1/2025



Vitrakvi®	Annual review with no changes to clinical criteria. Updated references.	3/1/2025
Vtama®	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability.	3/1/2025
Vyndaqel®, Vyndamax™	Annual review. Updated clinical criteria for diagnosis of ATTR cardiac amyloidosis. Removed criteria allowing for temporary combination therapy. Added examples of RNA-targeted therapy. Updated references.	3/1/2025
Xeljanz®	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability.	3/1/2025
Xphozah®	Annual review with no updates.	3/1/2025
Zeposia	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability. Updated bypass language in alignment with Commercial, updated step therapy language for preferred ustekinumab.	3/1/2025
Zilbrysq®	Annual review. Updated listing of examples of complement inhibitors and neonatal Fc receptor blockers without change to clinical intent. Updated references.	3/1/2025
Zoryve™	Replaced Stelara® with ustekinumab throughout program in advance of biosimilar availability.	3/1/2025
<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, 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. © 2025 United HealthCare Services, Inc. All Rights Reserved.</p>		