

Clinical program summary

UnitedHealthcare Individual Exchange plans

All medications listed have an associated Medical Drug policy. These drugs are covered under the medical benefit. For more information, see [UnitedHealthcare Individual Exchange Medical & Drug Policies and Coverage Determination Guidelines](#).

Legend

X = Standard medical necessity

C = Core medical necessity

O = Oncology prior authorization

R = Review at launch/Exclude at launch

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Abecma ®	Oncology - Injectable	Q2055	O		
Abraxane ®	Oncology - Injectable	J9264	O		
Actemra ®	Inflammatory conditions	J3262	X		
Acthar ® Gel	Endocrine	J0801	X		
Adakveo ®	Sickle cell	J0791	X		
Adcetris ®	Oncology - Injectable	J9042	O		
Aduhelm ®	Central nervous system agents	J0172	X		
Adzynma ®	Enzyme replacement therapy	J7171	X		
Akynzeo ®	Oncology - Antiemetic	J1454	O	Reference the Antiemetics for Oncology policy	
Aldurazyme ®	Enzyme replacement therapy	J1931	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Alhemo	Hemophilia	J3490/ J3590	R		
Alimta®	Oncology - Injectable	J9305	O		
Aliqopa	Oncology - Injectable	J9057	O		
Alyglo™	Immune globulin	J1552	X	Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Priviligen, Xembify	
Alymsys	Oncology - Injectable	Q5126	O	Mvasi	
Amondys-45™	Central nervous system agents	J1426	X		
Amtagvi™	Cellular therapy	J3490/ J3590	X		
Amvuttra®	Central nervous system agents	J0225	X		
Apretude™	HIV	J0739	X		
Aralast® NP	Alpha1-proteinase inhibitors	J0256	X		
Arranon®	Oncology - Injectable	J9261	O		
Arzerra®	Oncology - Injectable	J9302	O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Asceniv™	Immune globulin	J1554	X	Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen, Xembify	
Asparlas®	Oncology - Injectable	J9118	X		
Aucatzyl®	Cellular therapy	Q2058	X	Mvasi	
Avastin®	Oncology - Injectable	J9035	X	Mvasi	
Avsola®	Inflammatory conditions	Q5121	X		
Axtle™	Oncology - Injectable	J9292	O	Reference the Oncology Clinical Coverage policy	
Bavencio®	Oncology - Injectable	J9023	X		
Beizray	Oncology - Injectable	J9174	O		
Beleodaq®	Oncology - Injectable	J9032	O		
Belrapzo	Oncology - Injectable	J9036	O		
Bendamustine®	Oncology - Injectable	J9033/ J9034/ J9036/ J9056	O		
Bendeka®	Oncology - Injectable	J9034	O		
Benlysta®	Immune modulator	J0490	X		
Beovu®	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J0179	X		
Beqvez™	Gene therapy	J1414	X		



Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Berinert®	Hematologic	J0597	X		
Besponsa	Oncology - Injectable	J9229	O		
BiCNU	Oncology - Injectable	J9050	O		
Bivigam®	Immune globulin	J1556	X		
Bizengri®	Oncology - Injectable	J9382	O		
Bkemv	Blood modifying agents	J3490/ J3590	R		
Blenrep	Oncology - Injectable	J9037	O		
Bleomycin	Oncology - Injectable	J9040	O		
Blincyto®	Oncology - Injectable	J9039	O		
Bortezomib	Oncology - Injectable	J9041/ J9046/ J9048/ J9049/ J9051	O		
Breyanzi®	Oncology - Injectable	Q2054	O		
Brineura®	Enzyme replacement therapy	J0567	X		
Briumvi®	Multiple sclerosis	J2329	X		
Busulfan	Oncology - Injectable	J0594	O		
Byooviz	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	Q5124	X		
Cabenuva™	HIV	J0741			
Camcevi®	Gonadotropin Releasing Hormone Analogs / Oncology - injectable	J1952	X/O		
Carboplatin	Oncology - Injectable	J9045	O		
Carmustine	Oncology - Injectable	J9052	O		
Carvykti™	Oncology - Injectable	Q2056	O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Casgevy™	Gene therapy	J3392	X		
Cerezyme®	Enzyme deficiency (Gaucher's disease)	J1786	X	VPRIV	
Cimerli™	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	Q5128	X		
Cimzia®	Inflammatory conditions	J0717	X		
Cinqair®	Asthma	J2786	X	Fasenra, Nucala	
Cinryze®	Hematologic	J0598	X		
Cinvanti®	Oncology - Antiemetic	J0185	O	Reference the Antiemetics for Oncology policy	
Cisplatin	Oncology - Injectable	J9060	O		
Cladribine	Oncology - Injectable	J9065	O		
Clofarabine	Oncology - injectable	J9027	O		
Clolar	Oncology - injectable	J9027	O		
Columvi	Oncology - Injectable	J9286	O		
Cortrophin® Gel	Endocrine	J0802	X		
Cosela®	Oncology - injectable	J1448	O		
Cosentyx® IV	Inflammatory conditions	J3247			
Cosmegen	Oncology - Injectable	J9120	O		
Crysvita®	Endocrine	J0584	X		
Cutaquig®	Immune globulin	J1551	X		
Cuvitru®	Immune globulin	J1555	X		

Medication	Therapeutic class	CPT [®] / HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Cyclophosphamide	Oncology - Injectable	J9071/ J9072/ J9073/ J9074/ J9075/ J9076	O		
Cyramza[®]	Oncology - Injectable	J9308	O		
Cytarabine	Oncology - Injectable	J9100	O		
Dacarbazine	Oncology - Injectable	J9130	O		
Danyelza[®]	Oncology - Injectable	J9348	O		
Darzalex[®]	Oncology - Injectable	J9145	O		
Darzalex Faspro[®]	Oncology - Injectable	J9144	O		
Daunorubicin	Oncology - Injectable	J9150	O		
Dexrazoxane	Oncology - Injectable	J1190			
Docetaxel	Oncology - Injectable	J9171	O		
Doxil[®]	Oncology - Injectable	Q2050	O		
Doxorubicin	Oncology - Injectable	J9000	O		
Elahere[™]	Oncology - Injectable	J9063	O		
Elaprase[®]	Enzyme replacement therapy	J1743	X		
Elelyso[®]	Enzyme deficiency (Gaucher's disease)	J3060	X	VPRIV	
Elevidys[™]	Gene therapy	J1413	X		
Elfabrio[®]	Enzyme replacement	J2508	X		
Eligard[®]	Oncology - Injectable	J9217	O		
Ellence	Oncology - Injectable	J9178	O		
Elrexfio	Oncology - Injectable	J1323		Reference the Oncology Clinical Coverage policy	
Elzonris[®]	Oncology - Injectable	J9269	O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Emend® Injection	Oncology - Antiemetic	J1453	O		
Empliciti	Oncology - Injectable	J9176	O		
Enhertu®	Oncology - Injectable	J9358	O		
Enjaymo®	Blood modifiers	J1302	X		
Entyvio®	Inflammatory conditions	J3380	X		
Epirubicin	Oncology - injectable	J9178	O		
Epkinly	Oncology - Injectable	J9321	O		
Epogen®	Erythropoiesis-stimulating agents	J0885	X	Retacrit	
Epysqli	Blood modifying agents	J3490/ J3590	R		
Erbitux®	Oncology - Injectable	J9055	O		
Erwinaze®	Oncology - Injectable	J9019	O		
Etoposide	Oncology - Injectable	J9181	O		
Evkeeza®	Rare conditions	J1305	X		
Evomela®	Oncology - Injectable	J9246	O		
Exondys 51®	Central nervous system agents	J1428	X		
Eylea®	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J0178	X		
Eylea® HD	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J0177	X		
Fabrazyme®	Enzyme replacement therapy	J0180	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Fasenra®	Asthma	J0517	X	Self-administered Fasenra (covered under pharmacy benefit)	
Fensolvi®	Gonadotropin-releasing hormone analogs	J1951	X		
Feraheme®	Anemia	Q0138/ Q0139	X	Venofer, Ferrlecit, Infed	
Firmagon®	Oncology - Injectable	J9155	O		
Flebogamma® DIF	Immune globulin	J1572	X		
Floxuridine	Oncology - Injectable	J9200	O		
Fludarabine	Oncology - Injectable	J9185	O		
Fluorouracil	Oncology - Injectable	J9190			
Focinvez™	Oncology - Injectable	J1434	O	Reference the Antiemetics for Oncology policy	
Folotyn®	Oncology - Injectable	J9307	O		
Fosaprepitant (teva)	Oncology - Injectable	J1456	O		
Fulphila®	Neutropenia/ Oncology - Injectable	Q5108	X/O	Neulasta, Udenyca	
Fulvestrant	Oncology - Injectable	J9394/ J9395	O		
Fyarro	Oncology - Injectable	J9331	O		
Fylintra®	Neutropenia/ Oncology - Injectable	Q5130	X/O	Neulasta, Udenyca	
Gamifant®	Immune modulator	J9210	X		
Gammagard®	Immune globulin	J1569	X		
Gammagard®S/D	Immune globulin	J1566	X		
Gammaked™	Immune globulin	J1561	X		

Medication	Therapeutic class	CPT [®] / HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Gammaplex[®]	Immune globulin	J1557	X		
Gamunex[®]-C	Immune globulin	J1561	X		
Gazyva[®]	Oncology - Injectable	J9301	O		
Gel-One[®]	Sodium hyaluronate	J7326	X	Euflexxa, Durolane, GelSyn-3	
Gelsyn-3[®]	Sodium hyaluronate	J7328	X		
Gemcitabine	Oncology - Injectable	J9201	O		
GenVisc[®] 850	Sodium hyaluronate	J7320	X	Euflexxa, Durolane, GelSyn-3	
Givlaari[®]	Blood modifying agents	J0223	X		
Glassia[®]	Alpha1-proteinase inhibitors	J0257	X		
Granix[®]	Neutropenia/ Oncology - Injectable	J1447	X/O	Nivestym, Zarxio	
Halaven[®]	Oncology - Injectable	J9179	O		
Hemgenix[®]	Gene therapy	J1411	X		
Herceptin[®]	Oncology - Injectable	J9355	O	Kanjinti, Ogivri, Trazimera	
Herceptin Hylecta[™]	Oncology - Injectable	J3956	O	Kanjinti, Ogivri, Trazimera	
Hercessi	Oncology - Injectable	Q5146	O	Kanjinti, Ogivri, Trazimera	
Herzuma[®]	Oncology - Injectable	Q5113	O	Kanjinti, Ogivri, Trazimera	
Hizentra[®]	Immune globulin	J1559	X		
Hyalgan[®]	Sodium hyaluronate	J7321	X	Euflexxa, Durolane, GelSyn-3	
Hycamtin[®]	Oncology - Injectable	J9351	O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Hycela	Oncology - Injectable	J7321	X		
Hymovis®	Sodium hyaluronate	J7322	X	Euflexxa, Durolane, GelSyn-3	
Hypavzi™	Hemophilia	J7172	X		
Hyqvia®	Immune globulin	J1575	X		
Idarubicin	Oncology - Injectable	J9211	O		
Ifex	Oncology - Injectable	J9208	O		
Ifosfamide	Oncology - Injectable	J9208	O		
Ilaris®	Immune modulator	J0638	X		
Ilumya®	Inflammatory conditions	J3245	X		
Imfinzi®	Oncology - Injectable	J9173	O		
Imjudo	Oncology - Injectable	J9206	O		
Imlytic®	Oncology - Injectable	J9325	O		
Imuldosa®	Inflammatory conditions	Q5098	X		
Inflectra®	Inflammatory conditions	Q5103	X		
Infugem™	Oncology - Injectable	J9198	O		
Injectafer®	Anemia	J1439	X	Venofer, Ferrlecit, Infed	
Irinotecan	Oncology - Injectable	J9206	O		
Istodax®	Oncology - Injectable	J9319	O		
Ixempra®	Oncology - Injectable	J9207	O		
Izervay™	Retinal conditions	J2782	X		
Jelmyto®	Oncology - Injectable	J9281	O		
Jemperli	Oncology - Injectable	J9272	O		
Jevtana®	Oncology - Injectable	J9043	O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Jubbonti®	Osteoporosis	Q5136	R		
Kadcyla®	Oncology - Injectable	J9354	O		
Kalbitor®	Hematologic	J1290	X		
Kanjinti®	Oncology - Injectable	Q5117	O		
Kanuma®	Enzyme replacement therapy	J2840	X		
Keytruda®	Oncology - Injectable	J9271	O	Reference the Oncology Clinical Coverage policy	
Khapzory™	Oncology - Injectable	J0642	O		
Kimmtrak	Oncology - Injectable	J9274	O		
Kisunla™	Central nervous system agents	J0175	X		
Korsuva™	Renal disease	J0879	X		
Krystexxa®	Endocrine	J2507	X		
Kymriah®	Oncology - Injectable	Q2042	X		
Kyprolis®	Oncology - Injectable	J9047	O		
Lamzedo	Enzyme replacement therapy	J0217	X		
Lantidra™	Cellular therapy	J3490/ J3590	X		
Lartruvo™	Oncology - Injectable	J9285	O		
Lemtrada®	Multiple sclerosis	J0202	X	Ocrevus, Tysabri, Rituximab or self-administered MS medications	
Lenmeldy™	Gene therapy	J3391	X		
Leqembi	Central nervous system agents	J0174	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Leqvio®	Cardiology	J1306	X		
Leucovorin	Oncology - Injectable	J0640	O	Levoleucovorin	
Leukine®	Neutropenia/ Oncology - Injectable	J2820	X/O		
Leuprolide	Gonadotropin-releasing hormone analogs/Oncology - Injectable	J9218	O		
Leuprolide depot	Oncology - Injectable	J1954	O		
Levoleucovorin	Oncology - Injectable	J0641/ J0642	O		
Libtayo®	Oncology - Injectable	J9119	O	Reference the Oncology Clinical Coverage policy	
Loqtorzi™	Oncology - Injectable	J3263	O	Reference the Oncology Clinical Coverage policy	
Lucentis®	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J2778	X		
Lumizyme®	Enzyme replacement therapy	J0221	X		
Lumoxiti®	Oncology - Injectable	J9313	O		
Lunsumio™	Oncology - Injectable	J9350	O		
LupronDepot® (3.75 mg)	Oncology - Injectable	J1950	O	Eligard, Lupron Depot 7.5 mg (J9217)	
Lupron Depot® (7.5mg)	Oncology - Injectable	J9217	O		
Luxturna®	Gene therapy	J3398	X		



Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Lyfgenia®	Gene therapy	J3394	X		
Margenza	Oncology - Injectable	J9353	O		
Marqibo®	Oncology - Injectable	J9371	O		
Melphalan	Oncology - Injectable	J9245/ J9246/ J9247/ J9248/ J9249	O		
Mepsevii®	Enzyme replacement therapy	J3397	X		
Mesna	Oncology - Injectable	J9209	O		
Methotrexate	Oncology - Injectable	J9260/ J9255	O		
Mitomycin	Oncology - Injectable	J9280	O		
Mitoxantrone	Oncology - Injectable	J9293	O		
Monjuvi	Oncology - Injectable	J9349	O		
MonoFerric®	Anemia	J1437	X	Venofer, Ferrlecit, Infed	
Monovisc®	Sodium hyaluronate	J7327	X	Euflexxa, Durolane, GelSyn-3	
Mvasi®	Oncology - Injectable	Q5107	O		
Mylotarg™	Oncology - Injectable	J9203	O		
Naglazyme®	Enzyme replacement therapy	J1458	X		
Neulasta®	Neutropenia/ Oncology - Injectable	J2506	X/O		
Neupogen®	Neutropenia/ Oncology - Injectable	J1442	X/O	Nivestym, Zarxio	
Nexviazyme™	Enzyme replacement therapy	J0219	X		
Niktimvo™	Immunomodulatory Agents	J9038	X		

Medication	Therapeutic class	CPT [®] / HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Nipent™	Oncology - Injectable	J9268	O		
Nivestym®	Neutropenia/ Oncology - Injectable	Q5110	X/O		
Nucala®	Asthma	J2182	X	Self-administered Nucala (covered under pharmacy benefit)	
Nulibry®	Enzyme replacement therapy	J3490/ J3590/ C9399	X		
Nyvepria™	Neutropenia/ Oncology - Injectable	Q5122	O	Ziextenzo and Neulasta	
Ocrevus®	Multiple sclerosis	J2350	X		
Ocrevus Zunovo™	Multiple sclerosis	J2351	X		
Octagam®	Immune globulin	J1568	X		
Octreotide (Non- Depot) Injection	Somatostatin analogs	J2354			
Ogivri®	Oncology - Injectable	Q5114	O		
OmvoH™ IV	Inflammatory conditions	J2267	X		
Oncaspar®	Oncology - Injectable	J9266	O		
Onivyde®	Oncology - Injectable	J9205	O	Reference the Oncology Clinical Coverage policy	
Onpattro®	Central nervous system agents	J0222	X		
Ontruzant®	Oncology - Injectable	Q5112	O	Kanjinti, Trazimera	
Opdivo®	Oncology - Injectable	J9299	O	Reference the Oncology Clinical Coverage policy	

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Opdivo Qvantig™	Oncology - Injectable	J9289	O		
Opdualag	Oncology - Injectable	J9298	O		
Orencia® IV	Inflammatory conditions	J0129	X		
Orthovisc®	Sodium hyaluronate	J7324	X	Euflexxa, Durolane, GelSyn-3	
Otufi® IV	Inflammatory conditions	Q9999	X		
Oxaliplatin	Oncology - Injectable	J9263	O		
Oxlumo®	Endocrine	J0224	X		
Paclitaxel	Oncology - Injectable	J9264/ J9265/ J9267/ J9258	O		
Padcev®	Oncology - Injectable	J9177	O		
Palonosetron	Oncology - Injectable	J2469	O		
Panzyga®	Immune globulin	J1576	X	Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Priviligen, Xembify	
Parsabiv®	Endocrine	J0606	X	Sensipar	
Pavblu™	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	Q5147	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Pemetrexed	Oncology - Injectable	J9305/ J9294/ J9296/ J9297/ J9314/ J9322/ J9323/ J9324			
Pemfexy®	Oncology - Injectable	J9304	O	Reference the Oncology Clinical Coverage policy	
Pemrydi RTU™	Oncology - Injectable	J9324	O	Reference the Oncology Clinical Coverage policy	
Perjeta®	Oncology - Injectable	J9306	O		
Phesgo®	Oncology - Injectable	J9316	O		
PiaSky®	Blood modifying agents	J1307	X	Empaveli, Fabhalta, Soliris, Ultomiris	
Polivy®	Oncology - Injectable	J9309	O		
Pombiliti™	Enzyme replacement therapy	J1203	X		
Posfrea™	Oncology - Injectable	J2468	O	Reference the Antiemetics for Oncology policy	
Poteligeo®	Oncology - Injectable	J9204	O		
Privigen®	Immune globulin	J1459	X		
Procrit®	Erythropoiesis-stimulating agents	J0885	X	Retacrit	
Prolastin®-C	Alpha1-proteinase inhibitors	J0256	X		
Proleukin®	Oncology - Injectable	J9015	O		
Prolia®	Oncology - Injectable	J0897	O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Provenge®	Oncology - Injectable	Q2043	O		
Pyzchiva IV	Inflammatory conditions	Q9997	R		
Qalsody™	Central nervous system agents	J1304	X		
Qtulfi IV	Inflammatory conditions	Q9999	R		
Radicava®	Central nervous system agents	J1301	X		
Reblozyl®	Anemia/oncology - Injectable	J0896	X/O		
Releuko®	Neutropenia/ Oncology - Injectable	Q5125	X/O	Nivestym, Zarxio	
Remicade®	Inflammatory conditions	J1745	X	Avsola, Inflectra, Renflexis	
Renflexis®	Inflammatory conditions	Q5104	X		
Revcovi®	Enzyme replacement therapy	J3590	X		
Riabni™	Immunomodulatory agents	Q5123	X/O	Ruxience, Truxima	
Rituxan®	Immunomodulatory agents	J9312	X/O	Ruxience, Truxima	
Rituxan® Hycela	Oncology - Injectable	J9311	O	Ruxience, Truxima	
Rivfloza™	Endocrine	J3490/ J3590	X		
Roctavian™	Gene therapy	J1412	X		
Rolvedon®	Neutropenia/ Oncology - Injectable	J1449	X/O	Neulasta, Udenyca	
Ruconest®	Hematologic	J0596	X		
Ruxience®	Immunomodulatory agents	Q5119	X/O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Rybrevant	Oncology - Injectable	J9061	O		
Rylaze®	Oncology - Injectable	J9021	O		
Ryplazim®	Rare conditions	J2998	X		
Rystiggo®	Fc receptor antagonist	J9333	X		
Ryzenuta™	Oncology -Injectable	J9361	O		
Sandostatin®	Oncology - Injectable	J2354	O		
Saphnelo®	Immune modulator	J0491	X	Benlysta	
Sarclisa®	Oncology - Injectable	J9227	O		
Scenesse®	Dermatology	J7352	X		
Selarsdi™	Inflammatory conditions	Q9998	R		
Simponi ARIA®	Inflammatory conditions	J1602	X		
Skyrizi®	Inflammatory conditions	J2327	X		
Skysona™	Gene therapy	J3490/ J3590	X		
Soliris®	Blood modifying agents	J1299	X		
Spevigo®	Inflammatory conditions	J1747	X		
Spinraza®	Central nervous system agents	J2326	X		
Stelara®	Inflammatory conditions	J3358	X		
Steqeyma	Inflammatory conditions	Q5099	X		
Stimufend®	Neutropenia/ Oncology - Injectable	Q5127	X/O	Neulasta, Udenyca	
Sunlenca®	HIV	J1961	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Supartz® / Supartz FX®	Sodium hyaluronate	J7321	X	Euflexxa, Durolane, GelSyn-3	
Supprelin® LA	Oncology - Injectable	J9226	O		
Sustol® Injection	Oncology - Antiemetic	J1627	O	Reference the Antiemetics for Oncology policy	
Syfovre®	Retinal conditions	J2781	X		
Sylatron™	Oncology - Injectable	J9999	O		
Synagis®	Respiratory syncytial virus (RSV) prevention	90378	X		
SynoJoynt®	Sodium hyaluronate	J7331	X	Euflexxa, Durolane, GelSyn-3	
Synribo®	Oncology - Injectable	J9262	O		
Synvisc®	Sodium hyaluronate	J7325	X	Euflexxa, Durolane, GelSyn-3	
Synvisc-One®	Sodium hyaluronate	J7325	X	Euflexxa, Durolane, GelSyn-3	
Talvey	Oncology - Injectable	J3055	O		
Taxotere®	Oncology - Injectable	J9171	O		
Tecartus®	Oncology - Injectable	Q2053	O		
Tecelra®	Cellular therapy	Q2057	X		
Tecentriq®	Oncology - Injectable	J9022	O	Reference the Oncology Clinical Coverage policy	
Tecvayli®	Oncology - Injectable	J9380	O		
Temodar®	Oncology - Injectable	J9328	O		
Tepezza®	Endocrine	J3241	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Tepylute	Oncology - Injectable	J9341	O		
Tezspire®	Asthma	J2356	X		
Thiotepa	Oncology - Injectable	J9342	O		
Tivdak	Oncology - Injectable	J9273	O		
Tofidence™	Inflammatory conditions	Q5133	R	Actemra, Tyenne	
Torisel®	Oncology - Injectable	J9330	O		
Trazimera®	Oncology - Injectable	Q5116	O		
Treanda®	Oncology - Injectable	J9033	O		
Trelstar®	Gonadotropin-releasing hormone analogs	J3315	X		
Tremfya® IV	Inflammatory conditions	J1628	X		
Triluron®	Sodium hyaluronate	J7332	X	Euflexxa, Durolane, GelSyn-3	
Triptodur®	Gonadotropin-releasing hormone analogs	J3316	X		
Trisenox	Oncology - Injectable	J9017	O		
TriVisc®	Sodium hyaluronate	J7329	X	Euflexxa, Durolane, GelSyn-3	
Trodelyv®	Oncology - Injectable	J9317	O		
Trogarzo®	HIV	J1746			
Truxima®	Immunomodulatory agents	Q5115	X/O		
Tyenne®	Inflammatory conditions	Q5135	X		
Tyruko®	Multiple sclerosis	Q5134	R		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Tysabri®	Multiple sclerosis	J2323	X		
Tzield®	Endocrine	J9381	X		
Udenyca®	Neutropenia/ Oncology - Injectable	Q5111	X/O		
Ultomiris®	Blood-modifying agents	J1303	X		
Unituxin™	Oncology - Injectable	J9999	O		
Unloxcyt™	Oncology - Injectable	J9275	O		
Uplizna®	Immune modulator	J1823	X		
Vabysmo®	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J2777	X		
Vectibix®	Oncology - Injectable	J9303	O		
Vegzelma®	Oncology - Injectable	Q5129	O	Mvasi	
Velcade®	Oncology - Injectable	J9041	O		
Veopoz™	Rare conditions	J9376	X		
Vidaza	Oncology - Injectable	J9025	O		
Viltepso®	Central nervous system agents	J1427	X		
Vimizim®	Enzyme replacement therapy	J1322	X		
Vinblastine	Oncology - Injectable	J9360	O		
Vincristine	Oncology - Injectable	J9370	O		
Vinorelbine	Oncology - Injectable	J9390	O		
Visco-3™	Sodium hyaluronate	J7321	X	Euflexxa, Durolane, GelSyn-3	
Vivimusta	Oncology - Injectable	J9056	O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
VPRIV®	Enzyme deficiency (Gaucher's disease)	J3385	X		
Vyepti®	Central nervous system agents	J3032	X		
Vyjuvek™	Gene therapy	J3490/ J3590	X		
Vyondys 53™	Central nervous system agents	J1429	X		
Vyvgart®	Central nervous system agents	J9332	X		
Vyvgart® Hytrulo	Central nervous system agents	J9334	X		
Vyxeos	Oncology - Injectable	J9153	O		
Wezlana™ IV	Inflammatory conditions	Q5168	R		
Wezlana™ SC	Inflammatory conditions	Q5137	R		
Wyost®	Oncology - Injectable	Q5136	R		
Xembify®	Immune globulin	J1558	X		
Xenpozyme®	Enzyme replacement	J0218	X		
Xgeva®	Oncology - Injectable	J0897	O		
Xiaflex®	Collagenase	J0775	X		
Xolair®	Asthma	J2357	X	Self-administered Xolair (covered under pharmacy benefit)	
Yervoy®	Oncology - Injectable	J9228	O	Reference the Oncology Clinical Coverage policy	
Yescarta®	Oncology - Injectable	Q2041	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Yesintek®	Inflammatory conditions	Q5100	X		
Yimmugo	Immune globulin	J3490/ J3590	R		
Yondelis®	Oncology - Injectable	J9352	O		
Zaltrap®	Oncology - Injectable	J9400	O		
Zanosar®	Oncology - Injectable	J9320	O		
Zarxio®	Neutropenia/ Oncology - Injectable	Q5101	X/O		
Zemaira®	Alpha1-proteinase inhibitors	J0256	X		
Zepzelca	Oncology - Injectable	J9223	O		
Ziextenzo®	Neutropenia/ Oncology - Injectable	Q5120	X/O	Neulasta, Udenyca	
Zirabev®	Oncology - Injectable	Q5118	O	Mvasi	
Zoladex®	Oncology - Injectable	J9202	O		
Zolgensma®	Gene therapy	J3399	X		
Zynlonta	Oncology - Injectable	J9359	O		
Zynteglo®	Gene therapy	J3393	X		

Medical benefit clinical program drug list – definitions

Clinical and utilization management strategy	Definition
Drug policy	Drug policies provide information on proven uses for medications, based on Food and Drug Administration (FDA)-approved indications and published, peer-reviewed medical literature. Physicians may request coverage reviews and determination, based upon our drug policies and other clinical evidence.
Prior authorization	The process of determining benefit coverage, based on medical necessity criteria, for services, tests or procedures that are appropriate and cost-effective for the individual member. It is a member-centric review that is obtained prior to services being rendered to evaluate the clinical appropriateness of requested services in terms of the type, frequency extent and duration.
Medical necessity/ notification	<p>Medical necessity is about clinical effectiveness and consists of:</p> <ul style="list-style-type: none"> • Clinical appropriateness: The type, frequency, extent and duration of services must be appropriate for the individual member. UnitedHealthcare clinical review staff leverages various evidence-based industry recognized resources and guidelines, such as InterQual®. • Clinical effectiveness: Treatment of illness, injury, disease or symptom must be proven to be clinically effective • Cost effectiveness: Services must not be more costly than alternative services that are least likely to produce equivalent therapeutic and diagnostic results <p>Notification:</p> <ul style="list-style-type: none"> • Determination based on proven uses for medications, FDA-approved indications and published peer-reviewed medical literature
Preferred product	Provides coverage for the use of less expensive, but similarly effective, medications. Preferred product strategy requires members to try a lower-cost medication (known as step 1) before progressing to a higher-cost alternative (known as step 2).

Medical benefit clinical program drug list – definitions (cont.)

Clinical and utilization management strategy	Definition
Site of care	<p>Redirection using clinical evidence and medical necessity criteria to an alternative site of care, so members receive the most effective and convenient care possible while lowering costs. The process:</p> <ul style="list-style-type: none"> • Directs health care professionals to the most appropriate site of care using clinical evidence and medical necessity criteria • Provides a short-term grace period to prevent disruption of treatment while the care is transitioned to the alternative site of care • Coordinates transitioning the member to a new site of care

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