

Clinical program summary

All medications listed have an associated medical drug policy. These drugs are covered under the medical benefit and not the pharmacy benefit. For more information, see [UnitedHealthcare Commercial Medical & Drug Policies](#).

Disclaimer: Inclusion in this list does not indicate that a drug is covered by a particular plan. Any drug may be subject to other requirements, including, but not limited to, Review at Launch and/or Medical Benefit Therapeutic Equivalent Medications – Drug Exclusion.

Legend:

X = Standard

C = Core medical necessity

O = Oncology prior authorization

R = Review at launch/exclude at launch

Medication	Therapeutic class	J/CPT [®] code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Abecma[®]	Cellular therapy	Q2055	C			
Abraxane[®]	Oncology – injectable	J9264	O			
Actemra[®]	Inflammatory conditions	J3262	C		C	X
Acthar[®] Gel	Endocrine	J0801	C			
Adakveo[®]	Sickle cell disease	J0791	C		C	X
Actimmune[®]	Oncology - injectable	J9216	O			
Adcetris[®]	Oncology – injectable	J9042	O			
Adstiladrin[®]	Oncology - injectable	J9029	O			
Advate[®]	Hemophilia	J7192	C			
Adynovate[®]	Hemophilia	J7207	C	Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq, recombinate		
Adzyna[™]	Hematologic	J7171	C		C	X
Afstyla[®]	Hemophilia	J7210	C			
Ahzantive[™]	Ophthalmologic VEGF inhibitors	Q5150	R			
Aldurazyme[®]	Enzyme replacement therapy	J1931	C		C	X
Alhemo[®]	Hemophilia	J7173	C			

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Alimta®	Oncology – injectable	J9305	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Aliqopa®	Oncology – injectable	J9057	O			
Alphanate®	Hemophilia	J7186	C			
AlphaNine® SD	Hemophilia	J7193	C			
Alprolix®	Hemophilia	J7201	C			
Altuviio®	Hemophilia	J7214	C			
Alyglo™	Immune globulin	J1552	C	Bivigam, Cuvitru, Cutaquig, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen, Xembify This product may be excluded for some ASO and FI plans in select states.	C	X
Alymsys®	Oncology – injectable	Q5126	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Amondys 45®	Central nervous system agents	J1426	C		C	X
Amtagvi™	Cellular therapy	J3490/ J3590/ C9399	C			
Amvuttra®	Central nervous system agents	J0225	C	Vyndamax, Vyndaquel, Attriby (pharmacy benefit)	C	X
Anktiva®	Oncology - injectable	J9028	O			
Aphexda®	Oncology - injectable	J2277	O			
Aprepitant	Oncology – injectable	J0185	O	Emend®		
Aralast® NP	Alpha 1-proteinase inhibitors	J0256	C		C	X
Arranon®	Oncology – injectable	J9261	O			
Arzerra®	Oncology – injectable	J9302	O			

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Asceniv™	Immune globulin	J1554	C	Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard, Gammagard S/D, Octagam, Privigen, Xembify This product may be excluded for some ASO and FI plans in select states.	C	X
Asparlas®	Oncology – injectable	J9118	O			
Aucatzyl®	Cellular therapy	Q2058	C			
Avastin®	Oncology – injectable	J9035	C/O	Reference Oncology Clinical Coverage Medical Drug Policy		
Avgemsi™	Oncology - injectable	J9184	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Avsola®	Inflammatory conditions	Q5121	C			
Avtozma®	Inflammatory conditions	Q5156	R			
Axtle®	Oncology – injectable	J9292	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Azmiro™	Endocrine	J1072	C	Generic testosterone cypionate, Depo-Testosterone This product may be excluded for some ASO and FI plans in select states.	C	
Bavencio®	Oncology – injectable	J9023	O			
Beizray™	Oncology – injectable	J9174	O			
Beleodaq®	Oncology – injectable	J9032	O			
Belrapzo®	Oncology – injectable	J9036	O			
Bendamustine	Oncology – injectable	J9056/ J9058/ J9059	O			
Bendeka®	Oncology – injectable	J9034	O			
BeneFIX®	Hemophilia	J7195	C			
Benlysta®	Immune modulator	J0490	C		C	X

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Beovu®	Ophthalmologic VEGF inhibitors	J0179	C	Avastin, Cimerli®, Eylea, Eylea® HD, Lucentis®, Pavblu™, Vabysmo® This product may be excluded for some ASO and FI plans in select states.		X
Beqvez™	Gene therapy	J1414	C			X
Berinert®	Hematologic	J0597	C	Ruconest		
Besponsa®	Oncology – injectable	J9229	O			
BiCNU®	Oncology – injectable	J9050	O			
Bildyos™	Osteoporosis	J3490/ J3590/ C9399	R			
Bivigam®	Immune globulin	J1556	C		C	X
Bizengri®	Oncology - injectable	J9382	O			
Bkemv™	Blood modifying agents	Q5152	C		C	X
Blenrep	Oncology – injectable	J9037	O			
Bleomycin	Oncology – injectable	J9040	O			
Blincyto®	Oncology – injectable	J9039	O			
Bludigo®	Oncology – injectable	J9220	O			
Bortezomib	Oncology – injectable	J9041/ J9044/ J9049/ J9051	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Bomynta®	Oncology – injectable	Q5158	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Boruzu®	Oncology – injectable	J9054	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Bosaya™	Osteoporosis	J3490/ J3590/ C9399	R			
Breyanzi®	Cellular therapy	Q2054	C			
Brineura®	Enzyme replacement therapy	J0567	C			X
Briumvi®	Multiple sclerosis	J2329	C		C	X
Busulfan	Oncology – injectable	J0594	O			

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Byooviz™	Ophthalmologic VEGF inhibitors	Q5124	C	Avastin, Cimerli, Eylea, Eylea HD, Lucentis, Pavblu™, Vabysmo This product may be excluded for some ASO and FI plans in select states.		X
Camcevi®	Gonadotropin-releasing hormone analogs/ oncology – injectable	J1952	O			
Carboplatin	Oncology – injectable	J9045	O			
Carmustine	Oncology – injectable	J9052	O			
Carvykti®	Cellular therapy	Q2056	C			
Casgevy™	Gene therapy	J3392	C			
Cerezyme®	Enzyme deficiency (Gaucher disease)	J1786	C	VPRIV	C	X
Cimzia®	Inflammatory conditions	J0717	C		C	X
Cinqair®	Asthma	J2786	C	Fasenra, Nucala	C	X
Cinryze®	Hematologic	J0598	C			
Cipla leuprolide	Oncology - injectable	J1954	O			
Cisplatin	Oncology – injectable	J9060	O			
Cladribine	Oncology – injectable	J9065	O			
Clofarabine	Oncology – injectable	J9027	O			
Coagadex®	Hemophilia	J7175	C			
Columvi™	Oncology – injectable	J9286	O			
Conexence®	Osteoporosis/Oncology - injectable	Q5158	R/O	Oncology: Reference Oncology Clinical Coverage Medical Drug Policy		
Corifact®	Hemophilia	J7180	R			
Cortrophin® Gel	Endocrine	J0802	C			
Cosela®	Oncology – injectable	J1448	O			
Cosentyx® IV	Inflammatory conditions	J3247	C	Cosentyx SC (pharmacy benefit)	C	X
Cosmegen®	Oncology – injectable	J9120	O			
Crysvita®	Endocrine	J0584	C		C	X
Cutaquig®	Immune globulin	J1551	C		C	X
Cuvitru®	Immune globulin	J1555	C		C	X

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Cyclophosphamide	Oncology – injectable	J9071/ J9073/ J9074/ J9075/ J9076	O	Reference Oncology Clinical Coverage Medical Drug Policy		
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			
Datroway®	Oncology – injectable	J9011	O			
Daunorubicin	Oncology – injectable	J9150	O			
Daxxify	Botulinum toxins A and B	J0589	C	Preferred products: Reference Botulinum Toxins A and B Drug Policy This product may be excluded for some ASO and FI plans in select states.		X
Dexrazoxane	Oncology – injectable	J1190	O			
Docetaxel	Oncology – injectable	J9171	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Docivyx™	Oncology – injectable	J9172	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Doxil®	Oncology – injectable	Q2050	O			
Doxorubicin	Oncology – injectable	J9000	O			
Elahere™	Oncology – injectable	J9063	O			
Elaprase®	Enzyme replacement therapy	J1743	C		C	X
Elelyso®	Enzyme deficiency (Gaucher disease)	J3060	C	VPRIV	C	X
Elevidys	Gene therapy	J1413	C			X
Elfabrio®	Enzyme replacement therapy	J2508	C	Fabrazyme This product may be excluded for some ASO and FI plans in select states.	C	X

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Eligard®	Gonadotropin-releasing hormone analogs/ oncology – injectable	J9217	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Epirubicin	Oncology – injectable	J9178	O			
Eloctate®	Hemophilia	J7205	C			
Elrexio™	Oncology – injectable	J1323	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Elzonris®	Oncology – injectable	J9269	O			
Empliciti®	Oncology – injectable	J9176	O			
Emrelis™	Oncology - injectable	J9326	O			
Encelto™	Gene therapy	J3403	C			X
Enhertu®	Oncology – injectable	J9358	O			
Enjaymo®	Blood modifying agents	J1302	C		C	X
Enoby™	Osteoporosis	J3490/ J3590/ C9399	R			
Entyvio®	Inflammatory conditions	J3380	C		C	X
Enzeevu™	Ophthalmologic VEGF inhibitors	Q5149	R			
Epkinly™	Oncology – injectable	J9321	O			
Epogen®	Erythropoiesis-stimulating agents	J0885	C/O	Retacrit®		
Epysqli®	Blood modifying agents	Q5151	C		C	X
Erbitux®	Oncology – injectable	J9055	O			
Esperoct®	Hemophilia	J7204	C	Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq, recombinant		
Etoposide	Oncology – injectable	J9181	O			
Evkeeza®	Rare conditions	J1305	C		C	X
Evomela®	Oncology – injectable	J9246	O			
Exondys 51	Central nervous system agents	J1428	C		C	X
Eydenzelt®	Ophthalmologic VEGF inhibitors	J3490/ J3590/ C9399	R			
Fabrazyme®	Enzyme replacement therapy	J0180	C		C	X
Fasenra®	Asthma	J0517	C		C	X
Feiba NF	Hemophilia	J7198	C			

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Feraheme®	Anemia	Q0138	C	Venofer®, Ferrlecit®, INFed®		
Fibryga®	Hemophilia	J7177	C			
Firmagon®	Gonadotropin-releasing hormone analogs/ oncology – injectable	J9155	O			
Flebogamma® DIF	Immune globulin	J1572	C		C	
Floxuridine	Oncology – injectable	J9200	O			
Fludarabine	Oncology – injectable	J9185	O			
Fluorouracil	Oncology – injectable	J9190	O			
Focinvez™	Oncology – injectable	J1434	O	Emend®		
Foloty®	Oncology – injectable	J9307	O			
Fosaprepitant	Oncology – injectable	J1453/ J1456	O			
Fosnetupitant and palonosetron	Oncology – injectable	J1454	O	Emend		
Frindovyx™	Oncology – injectable	J9072	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Fulphila®	Neutropenia/oncology – injectable	Q5108	C/O	Udenyca, Neulasta		
Fulvestrant	Oncology – injectable	J9394/ J9395	O			
Fyarro®	Oncology – injectable	J9331	O			
Fylnetra®	Neutropenia/oncology – injectable	Q5130	C/O	Udenyca, Neulasta		
Gamifant®	Immune modulator/ oncology – injectable	J9210	C/O			X
Gammagard®	Immune globulin	J1569	C		C	X
Gammagard® S/D	Immune globulin	J1566	C		C	X
Gammaked™	Immune globulin	J1561	C		C	X
Gammaplex®	Immune globulin	J1557	C		C	X
Gamunex®-C	Immune globulin	J1561	C		C	X
Gazyva®	Oncology – injectable	J9301	O			
Gel-One®	Sodium hyaluronate	J7326	C	Euflexxa®, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Gemcitabine	Oncology – injectable	J9201 / J9196	O	Reference Oncology Clinical Coverage Medical Drug Policy		
GenVisc® 850	Sodium hyaluronate	J7320	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Givlaari®	Blood modifying agents	J0223	C		C	X
Glassia™	Alpha 1-proteinase inhibitors	J0257	C		C	X
Granisetron ER	Oncology – injectable	J1627	O	Palonosetron		
Granix®	Neutropenia/oncology – injectable	J1447	C/O	Nivestym, Zarxio		
Halaven®	Oncology – injectable	J9179	O			
Hemgenix®	Gene therapy	J1411	C			X
Hemlibra®	Hemophilia	J7170	C			
Hemofil M®	Hemophilia	J7190	C			
Herceptin®	Oncology – injectable	J9356	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Herceptin Hylecta™	Oncology – injectable	J9356	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Hercessi™	Oncology – injectable	Q5146	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Herzuma®	Oncology – injectable	Q5113	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Hizentra®	Immune globulin	J1559	C		C	X
Humate-P®	Hemophilia	J7187	C			
Hyalgan®	Sodium hyaluronate	J7321	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Hycamtin®	Oncology – injectable	J9351	O			

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Hymovis®	Sodium hyaluronate	J7322	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Hympavzi™	Hemophilia	J7172	C			
HyQvia®	Immune globulin	J1575	C		C	X
Idarubicin	Oncology – injectable	J9211	O			
Idelvion®	Hemophilia	J7202	C			
Ifosfamide	Oncology – injectable	J9208	O			
Ilaris®	Immune modulator	J0638	C		C	X
Ilumya®	Inflammatory conditions	J3245	C	Preferred adalimumab products, Cimzia, Cosentyx, Enbrel, Skyrizi, Sotyktu, Stelara, Tremfya	C	X
Imaavy™	Central nervous system agents	J9256	R			
Imfinzi®	Oncology – injectable	J9173	O			
Imdelltra®	Oncology – injectable	J9026	O			
Imjudo®	Oncology – injectable	J9026	O			
Imlygic®	Oncology – injectable	J9325	O			
Imuldosa™	Inflammatory conditions	Q5098	C	Steqeyma, Yesintek	C	X
Inflectra®	Inflammatory conditions	Q5103	C		C	X
Infugem™	Oncology – injectable	J9198	O			
Injectafer®	Anemia	J1439	C	Venofer, Ferrlecit, INFeD		
Irinotecan	Oncology – injectable	J9206	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Istodax®	Oncology – injectable	J9319	O			
Itvisma®	Gene therapy	J3490/ J3590/ C9399	R			
Ixempra®	Oncology – injectable	J9207	O			
Ixinity®	Hemophilia	J7213	C	AlphaNine SD, Mononine, Profilnine SD		
Izervay™	Complement inhibitor – ophthalmologic use	J2782	C			X
Jelmyto®	Oncology – injectable	J9281	O			
Jemperli	Oncology – injectable	J9272	O			
Jevtana®	Oncology – injectable	J9043	O			

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Jivi®	Hemophilia	J7208	C			
Jobevne™	Oncology - injectable	Q5160	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Jubbonti®	Osteoporosis/Oncology - injectable	Q5136	C/O	Prolia, Stoboclo This product may be excluded for some ASO and FI plans in select states Oncology: Reference Oncology Clinical Coverage Medical Drug Policy	C	X
Kadcyla®	Oncology – injectable	J9354	O			
Kalbitor®	Hematologic	J1290	C			
Kanjinti®	Oncology – injectable	Q5117	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Kanuma®	Enzyme replacement therapy	J2840	C		C	X
Kebilidi™	Gene therapy	J3490/ J3590/ C9399	C			
Keytruda®	Oncology – injectable	J9271	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Khapzory™	Oncology – injectable	J0642	O			
Kimmtrak®	Oncology – injectable	J9274	O			
Kisunla™	Central nervous system agents	J0175	C			X
Koate®	Hemophilia	J7190	C			
Kogenate® FS	Hemophilia	J7192	C			
Korsuva™	End-stage renal disease	J0879	C			
Kovaltry®	Hemophilia	J7211	C			
Krystexxa®	Endocrine	J2507	C			X
Kymriah®	Cellular therapy	Q2042	C			
Kyprolis®	Oncology – injectable	J9047	O			
Kyxata™	Oncology - injectable	J3490/ J3590/ C9308	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Lamzed®	Enzyme replacement therapy	J0217	C		C	X

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Lanreotide	Oncology – injectable	J1932	O			
Lantidra™	Cellular therapy	J3490/ J3590/ C9399	C			
Lartruvo™	Oncology – injectable	J9285	O			
Lemtrada®	Multiple sclerosis	J0202	C			X
Lenmeldy™	Gene therapy	J3391	C			
Leqembi™	Central nervous system agents	J0174	C			X
Leqvio®	Cardiology	J1306	C	PCSK9 inhibitor (pharmacy benefit)	X	X
Leucovorin	Oncology – injectable	J0640	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Leukine®	Oncology – injectable	J2820	O			
Leuprolide	Oncology - injectable	J9218	O			
Levoleucovorin	Oncology – injectable	J0641/ J0642	O	Leucovorin		
Libtayo®	Oncology – injectable	J9119	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Loqtorzi™	Oncology – injectable	J3263	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Lumizyme®	Enzyme replacement therapy	J0221	C		C	X
Lumoxiti®	Oncology – injectable	J9313	O			
Lunsumio™	Oncology – injectable	J9350	O			
Lupron Depot® (3.75 mg)	Oncology - injectable	J1950	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Lupron Depot® (7.5 mg)	Oncology - injectable	J9217	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Luxturna®	Gene therapy	J3398	C			X
Lyfgenia™	Gene therapy	J3394	C			
Lymphir™	Oncology - injectable	J9161	O			
Lynozofic™	Oncology - injectable	J3490/ J3590/ C9307	O			
Margenza®	Oncology – injectable	J9353	O			
Marqibo®	Oncology – injectable	J9371	O			



Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
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Melphalan	Oncology – injectable	J9245/ J9246/ J9248/ J9249	O			
Mepsevii®	Enzyme replacement therapy	J3397	C		C	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	C	Venofer, Ferrlecit, INFeD		
Mononine®	Hemophilia	J7193	C			
Monovisc®	Sodium hyaluronate	J7327	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Mvasi®	Oncology – injectable	Q5107	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Mylotarg™	Oncology – injectable	J9203	O			
Myobloc	Botulinum toxins A and B	J0587	C	Reference Botulinum Toxins A and B Drug Policy		X
Naglazyme®	Enzyme replacement therapy	J1458	C		C	X
Neulasta®	Neutropenia/oncology – injectable	J2506	C/O			
Neupogen®	Neutropenia/oncology – injectable	J1442	C/O	Nivestym, Zarxio		
Nexviazyme®	Enzyme replacement therapy	J0219	C		C	X
Niktimvo™	Hematologic	J9038	C			X
Nipent™	Oncology – injectable	J9268	O			
Nivestym®	Neutropenia/oncology – injectable	Q5110	C/O			
Novoeight®	Hemophilia	J7182	C			
NovoSeven® RT	Hemophilia	J7189	C			
Nucala	Asthma	J2182	C		C	X

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
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Nulibry®	Enzyme replacement therapy	J1809	C		C	X
Nuwiq®	Hemophilia	J7209	C			
Nypozi™	Neutropenia/oncology – injectable	Q5148	C/O	Nivestym, Zarxio		
Nyvepria™	Neutropenia/oncology – injectable	Q5122	O	Udenyca, Neulasta		
Obizur™	Hemophilia	J7188	C			
Ocrevus®	Multiple sclerosis	J2350	C		C	X
Ocrevus Zunovo™	Multiple sclerosis	J2351	C		C	X
Octagam®	Immune globulin	J1568	C		C	X
Ogivri®	Oncology – injectable	Q5114	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Omvoh™ IV	Inflammatory conditions	J2267	C		C	X
Oncaspar®	Oncology – injectable	J9266	O			
Onivyde®	Oncology – injectable	J9205	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Onpattro®	Central nervous system agents	J0222	C		C	X
Ontruzant®	Oncology – injectable	Q5112	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Opdivo®	Oncology – injectable	J9299	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Opdivo Quantig™	Oncology – injectable	J9289	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Opdualag™	Oncology – injectable	J9298	O			
Opviz™	Ophthalmologic VEGF inhibitors	J3490/ J3590/ C9399	R			
Orencia® IV	Inflammatory conditions	J0129	C		C	X
Orthovisc®	Sodium hyaluronate	J7324	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Osenvelt®	Oncology - injectable	Q5157	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Ospomyv™	Osteoporosis	Q5159	R			
Osvyrti®	Osteoporosis	J3490/ J3590/ C9399	R			
Otulfri® IV	Inflammatory conditions	Q9999	C	Steqeyma, Wezlana, Yesintek	C	X
Oxaliplatin	Oncology – injectable	J9263	O			
Oxlumo®	Endocrine	J0224	C		C	X
Paclitaxel	Oncology – injectable	J9265/ J9267	O			
Padcev®	Oncology – injectable	J9177	O			
Palonosetron	Oncology – injectable	J2468	O			
Panzyga®	Immune globulin	J1576	C	Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard Liquid, Gammagard S/D, Octagam, Privigen, Xembify This product may be excluded for some ASO and FI plans in select states.	C	X
Papzimeos™	Gene therapy	J3490/ J3590/ C9399	R			
Parsabiv®	Endocrine	J0606	C	Sensipar (pharmacy benefit)		
Pemetrexed	Oncology – injectable	J9304/ J9294/ J9297/ J9305/ J9296/ J9312 / J9314/ J9322	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Pemfexy®	Oncology – injectable	J9304	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Pemrydi	Oncology – injectable	J9324	O	Reference Oncology Clinical Coverage Medical Drug Policy		

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Perjeta®	Oncology – injectable	J9306	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Phesgo®	Oncology – injectable	J9316	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Photofrin™	Oncology - injectable	J9600	O			
PiaSky™	Blood modifying agents	J1307	C	Empaveli, Fabhalta, Soliris, Ultomiris	C	
Polivy®	Oncology – injectable	J9309	O			
Pombiliti™	Enzyme replacement therapy	J1203	C		C	X
Posfrea™	Oncology – injectable	J2468	O	Aloxi, Kytrill, Zofran		
Poteligeo®	Oncology – injectable	J9204	O			
Privigen®	Immune globulin	J1459	C		C	X
Procrit®	Erythropoiesis-stimulating agents /Oncology - injectable	J0885	C/O	Retacrit		
Profilnine®	Hemophilia	J7194	C			
Prolastin®-C	Alpha 1-proteinase inhibitors	J0256	C		C	X
Proleukin®	Oncology – injectable	J9015	O			
Prolia®	Oncology - injectable	J0897	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Provenge®	Oncology – injectable	Q2043	O			
Pyzchiva® IV	Inflammatory conditions	Q9996/ Q9997	C	Steqeyma, Wezlana, Yesintek	C	X
Qalsody™	Central nervous system agents	J1304	C			X
Qfitlia™	Hemophilia	Q7174	C	Hympavzi		
Qivigy®	Immune globulin	J3490/ J3590/ J1599/ C9399	R			
Radicava®	Central nervous system agents	J1301	C	Radicava ORS (pharmacy benefit)	C	X
Rebinyn®	Hemophilia	J7203	C	AlphaNine SD, Mononine, Profilnine SD		
Reblozyl®	Anemia/oncology – injectable	J0896	C/O			X

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Recombinate™	Hemophilia	J7192	C			
Releuko®	Neutropenia/oncology – injectable	Q5125	C/O	Nivestym, Zarxio		
Remicade®	Inflammatory conditions	J1745	C	Avsola, Inflectra	C	X
Renflexis®	Inflammatory conditions	Q5104	C	Avsola, Inflectra	C	X
Revcovi®	Enzyme replacement therapy	J3590/ C9399	C		C	X
Riabni™	Immune modulator/ oncology – injectable	Q5123	C/O	Ruxience, Truxima Oncology: Reference Oncology Clinical Coverage Medical Drug Policy		
RiaSTAP®	Hemophilia	J7178	C			
Rituxan®	Immune modulator/ oncology – injectable	J9312	C/O	Ruxience, Truxima Oncology: Reference Oncology Clinical Coverage Medical Drug Policy		
Rituxan Hycela®	Oncology – injectable	J9311	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Rivfloza™	Endocrine	J3490/ J3590/ C9399	C		C	X
Rixubis™	Hemophilia	J7200	C			
Roctavian™	Gene therapy	J1412	C			X
Rolvedon™	Neutropenia/ oncology – injectable	J1449	C/O	Udenyca, Neulasta		
Romidepsin	Oncology - injectable	J9318	O			
Ruconest®	Hematologic	J0596	C			
Ruxience®	Immune modulator/ oncology – injectable	Q5119	C/O	Oncology: Reference Oncology Clinical Coverage Medical Drug Policy		
Rybrevant®	Oncology – injectable	J9061	O			
Rylaze®	Oncology – injectable	J9021	O			
Ryonicil®	Hematologic	J3490/ J3590/ C9399	C			
Ryplazim®	Rare conditions	J2998	C		C	X
Rystiggo®	Central nervous system agents	J9333	C		C	X

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Ryzenuta™	Neutropenia/ oncology – injectable	J9361	O	Udenyca, Neulasta		
Sandimmune®, Neoral®	Oncology – injectable	J7516	O			
Sandostatin®	Oncology – injectable	J2354	O			
Saphnelo™	Immune modulator	J0491	C	Benlysta	C	C
Sarclisa®	Oncology – injectable	J9227	O			
Scenesse®	Dermatology	J7352	C			
Selarsdi™ IV	Inflammatory conditions	Q9998	C	Steqeyma, Wezlana, Yesintek	C	X
Sevenfact®	Hemophilia	J7212	C			
Simponi ARIA®	Inflammatory conditions	J1602	C		C	X
Skyrizi®	Inflammatory conditions	J2327	C		C	X
Skysona™	Gene therapy	J3387	C			
Soliris®	Blood modifying agents/ Oncology - injectable	J1299	C/O	Bkemv, Epysqli	C	X
Spevego® IV	Inflammatory conditions	J1747	C			X
Spevego® SC	Inflammatory conditions	J1747	C		C	X
Spinraza®	Central nervous system agents	J2326	C			X
Starjemza®	Inflammatory conditions	J3490/ J3590/ C9399	C	Steqeyma, Yesintek	C	X
Stelara® IV	Inflammatory conditions	J3357/ J3358	C	Steqeyma, Wezlana, Yesintek	C	X
Steqeyma®	Inflammatory conditions	J3590/ C9399	C		C	X
Stimufend®	Neutropenia/oncology injectable	Q5127	C/O	Udenyca, Neulasta		
Stoboclo®	Oncology - injectable	Q5157	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Supartz®/Supartz FX®	Sodium hyaluronate	J7321	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Supprelin® LA	Gonadotropin-releasing hormone analogs/ oncology – injectable	J9226	O			

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Susvimo®	Ophthalmologic VEGF inhibitors	J2779	C			X
Syfovre®	Complement inhibitor – ophthalmologic use	J2781	C			X
Sylatron™	Oncology – injectable	C9399/ J9999	O			
Sylvant®	Oncology – injectable	J2860	O			
Synagis®	Respiratory syncytial virus (RSV) prophylaxis	90378	C			X
SynoJoynt®	Sodium hyaluronate	J7331	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Synribo®	Oncology – injectable	J9262	O			
Synvisc®	Sodium hyaluronate	J7325	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Synvisc-One®	Sodium hyaluronate	J7325	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Talvey™	Oncology – injectable	J3055	O			
Taxotere®	Oncology – injectable	J9171	O			
Tecartus®	Cellular therapy	Q2053	C			
Tecelra	Cellular therapy	Q2057	C			
Tecentriq®	Oncology – injectable	J9022	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Tecentriq Hybreza™	Oncology – injectable	J9024	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Tecvayli®	Oncology – injectable	J9380	O			
Temodar®	Oncology – injectable	J9328	O			
Tepadina	Oncology - injectable	J9342	O			
Tepezza®	Endocrine	J3241	C		C	X
Tepylute®	Oncology - injectable	J9341	O			

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Tevimbra™	Oncology – injectable	J9329	O	Reference Oncology Clinical Coverage Drug Policy		
Tezspire®	Asthma	J2356	C		C	X
Thiotepa	Oncology – injectable	J9340	O			
Tice BCG	Oncology – injectable	J9030/ J9031	O			
Tivdak®	Oncology – injectable	J9273	O			
Tofidence™	Inflammatory conditions	Q5133	C	Actemra, Tyenne	C	
Torisel®	Oncology – injectable	J9330	O			
Trazimera®	Oncology – injectable	Q5116	O	Reference Oncology Clinical Coverage Drug Policy		
Treanda®	Oncology – injectable	J9033	O			
Tremfya® IV	Inflammatory conditions	J1628	C		C	
Tretten®	Hemophilia	J7181	C			
Triluron®	Sodium hyaluronate	J7332	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Trisenox®	Oncology – injectable	J9017	O			
TriVisc®	Sodium hyaluronate	J7329	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Trodelvy®	Oncology – injectable	J9317	O			
Truxima®	Immune modulator/ oncology – injectable	Q5115	C/O	Oncology: Reference Oncology Clinical Coverage Drug Policy		
Tyenne®	Inflammatory conditions	Q5135	C		C	
Tyruko®	Multiple sclerosis	Q5134	C	Tysabri		
Tysabri®	Multiple sclerosis	J2323	C			X
Tzield®	Immune modulator	J9381	C			X
Udenyca®	Neutropenia/oncology – injectable	Q5111	C/O			

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Ultomiris®	Blood modifying agents	J1303	C		C	X
Unituxin™	Oncology – injectable	J1246	O			
Unloxcyt™	Oncology - injectable	J9275	O			
Uplizna®	Immune modulator	J1823	C		C	X
Valstar®	Oncology – injectable	J9357	O			
Vectibix®	Oncology – injectable	J9303	O			
Vegzelma®	Oncology – injectable	Q5129	O	Reference Oncology Clinical Coverage Drug Policy		
Velcade®	Oncology – injectable	J9041	O			
Veopoz™	Blood modifying agents	J9376	C		C	X
Vidaza®	Oncology – injectable	J9025	O			
Viltepsol®	Central nervous system agents	J1427	C		C	X
Vimizim®	Enzyme replacement therapy	J1322	C		C	X
Vinblastine	Oncology – injectable	J9360	O			
Vincristine	Oncology – injectable	J9370	O			
Vinorelbine	Oncology – injectable	J9390	O			
Visco-3™	Sodium hyaluronate	J7321	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Vivimusta™	Oncology – injectable	J9056	O			
Vonvendi®	Hemophilia	J7179	C			
VPRIV®	Enzyme deficiency (Gaucher disease)	J3385	C		C	X
Vyepti®	Central nervous system agents	J3032	C	Aimovig, Emgality, Nurtec ODT, Qulipta (pharmacy benefit)	C	X
Vyjuvek™	Gene therapy	J3401	C		C	X
Vyloy®	Oncology - injectable	J1326	O			
Vyondys 53™	Central nervous system agents	J1429	C		C	X
Vyvgart®	Central nervous system agents	J9332	C		C	X
Vyvgart® Hytrulo	Central nervous system agents	J9334	C		C	X

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Vyxeos®	Oncology – injectable	J9153	O			
Wezlana™ IV	Inflammatory conditions	Q5137/ Q5138	C		C	X
Wilate®	Hemophilia	J7183	C			
Wyost®	Oncology - injectable	Q5136	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Xembify®	Immune globulin	J1558	O		C	X
Xenpozyme®	Enzyme replacement therapy	J0218	C		C	X
Xgeva®	Oncology – injectable	J0897	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Xiaflex®	Collagenase	J0775	C			X
Xolair®	Asthma	J2357	C		C	X
Xyntha®	Hemophilia	J7185	C	Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq, recombinate		
Yervoy®	Oncology – injectable	J9228	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Yesafili™	Ophthalmologic VEGF inhibitors	Q5155	R			
Yescarta®	Cellular therapy	Q2041	C			
Yesintek™	Inflammatory conditions	Q5100	C		C	X
Yimmugo	Immune globulin	J1599/ J3490/ J3590/ C9399	C	Bivigam, Cuvitru, Cutaquig, Gammagard, Gammagard S/D, Gammaked, Gammalex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen, Xembify	C	
Yondelis®	Oncology – injectable	J9352	O			
Zaltrap®	Oncology – injectable	J9400	O			
Zanosar®	Oncology – injectable	J9320	O			
Zarxio®	Neutropenia/oncology – injectable	Q5101	C/O			
Zemaira®	Alpha 1-proteinase inhibitors	J0256	C		C	X
Zepzelca®	Oncology – injectable	J9223	O			
Zevaskyn™	Gene Therapy	J3389	C			

Medication	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Ziextenzo®	Neutropenia/oncology – injectable	Q5120	C/O	Udenyca, Neulasta		X
Zihhera®	Oncology - injectable	J9276	O			
Zirabev®	Oncology – injectable	Q5118	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Zoladex®	Oncology – injectable	J9202	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Zoledronic acid	Oncology – injectable	J3489	O			
Zolgensma®	Gene therapy	J3399	C			X
Zusduri	Oncology – injectable	J9282	O			
Zynlonta®	Oncology – injectable	J9359	O			
Zynteglo®	Gene therapy	J3393	C			
Zynyz®	Oncology - injectable	J9345	O			

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.
Medical necessity/ notification	<p>Medical necessity is about clinical effectiveness and consists of the following:</p> <ul style="list-style-type: none"> • Clinical appropriateness: The type, frequency, extent and duration of services must be appropriate for the individual member. The 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 at least as 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
Medication sourcing	Network health care professionals are required to source certain specialty medications through contracted specialty pharmacies.

Medical benefit clinical program drug list – definitions

Clinical and utilization management strategy	Definition
Preferred product	Preferred product is a strategy that requires the use of a different, but similarly effective, medication(s) prior to approval. This is one tool we use to manage biosimilar products as well as other categories of specialty medications with clinically similar options. Preferred product management may also include cross-benefit management strategies to require use of clinically appropriate lower-cost self-administered medications available through the pharmacy benefit prior to coverage of infused or provider-administered medications administered through the medical benefit.
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.
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 includes the following:</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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