



# Medical benefit specialty medication update bulletin – January 2025

Specialty medication program updates for UnitedHealthcare Commercial, Community Plan, Medicare Advantage and Individual & Family Plans

Specialty medical injectable medications added to Review at Launch					
Medication Name	HCPCs Code(s)	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Individual & Family
<b>Hympavzi™</b> (marstacimab-hncq)	J3490/J3590/C9399			X	
<b>Pyzchiva®</b> (ustekinumab-ttwe) <i>Biosimilar to Stelara®</i>	Q9996(SC) Q9997(IV)	X	X		X
<b>Selarsdi™</b> (ustekinumab-aekn) <i>Biosimilar to Stelara</i>	Q9998	X	X		X

Note: Medications added to Review at Launch may not yet be available in the marketplace.



To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, visit [UHCprovider.com](https://UHCprovider.com) > Coverage and Payments > Policies and protocols > For Commercial Plans > Medical & Drug Policies for UnitedHealthcare Commercial Plans > *Review at Launch for New to Market Medications – Commercial Medical Benefit Drug Policy* > [Review at Launch Medication List](#).

To view the **UnitedHealthcare Community Plan** Review at Launch Medication List, visit [UHCprovider.com](https://UHCprovider.com) > Coverage and Payments > Policies and protocols > For Community Plans > Medical & Drug Policies for Community Plan > *Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy* > [Review at Launch Medication List](#).



For **UnitedHealthcare Medicare Advantage**, Review at Launch medications are added as Review at Launch Part B Medications in the *Medications/Drugs (Outpatient/Part B) Coverage Summary*. To view the summary, visit [UHCprovider.com](http://UHCprovider.com) > Coverage and Payments > Policies and protocols > For Medicare Advantage Plans > Medical Policies for Medicare Advantage Plans > *Medications/Drugs (Outpatient/Part B) – Medicare Advantage Coverage Summary* > Supporting Information > **Other Examples of Specific Drugs/Medications**.

To view the **UnitedHealthcare Individual & Family Plan** Review at Launch Medication List, visit [UHCprovider.com](http://UHCprovider.com) > Coverage and Payments > Policies and protocols > For Individual Exchange Plans > Medical & Drug Policies for UnitedHealthcare Individual Exchange Plans > *Review at Launch for New to Market Medications – Individual Exchange Medical Benefit Drug Policy* > **Review at Launch Medication List**.

Updates to medication program requirements and drug policies							
Medication Name	HCPCs Code(s)	Effective Date	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Individual & Family	Summary of Changes
<b>Aucatzyl</b> <sup>®</sup> (obecabtagene autoleucel)	J3490/J3590/ C9399	4/1/2025	X	X	X	X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>Managed by Optum Transplant</li> </ul>
<b>Ocrevus Zunovo</b> <sup>™</sup> (ocrelizumab and hyaluronidase-ocsq)	J3490/J3590/ C9399	4/1/2025		X	X		<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>
<b>Pavblu</b> <sup>™</sup> (aflibercept-ayyh)	J3490/J3590/ C9399	4/1/2025		X	X	X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>
<b>PiaSky</b> <sup>®</sup> (crovalimab-akkz)	J1307	4/1/2025	X	X	X	X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>Add to site of care for Commercial only</li> <li>Add as non-preferred product for Commercial, Community Plan, and Individual &amp; Family; preferred product requirements require utilization of one of the following: Empaveli<sup>®</sup>, Fabhalta<sup>®</sup>, Soliris<sup>®</sup>, or Ultomiris<sup>®</sup></li> </ul>
<b>Pyzchiva</b> (ustekinumab-ttwe) <i>Biosimilar to Stelara</i>	Q9996(SC) Q9997(IV)	4/1/2025	X			X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>Add to site of care for Commercial only</li> </ul>
<b>Selarsdi</b> (ustekinumab-aekn) <i>Biosimilar to Stelara</i>	Q9998	4/1/2025	X			X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>Add to site of care for Commercial only</li> </ul>



<b>Tofidence™</b> (tocilizumab-bavi) <i>Biosimilar to Actemra®</i>	Q5133	4/1/2025	X			X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>Add to site of care for Commercial only</li> <li>Add as non-preferred product; preferred product requirements require utilization of one of the following: Actemra or Tyenne</li> </ul>
<b>Tyenne</b> (tocilizumab-aazg) <i>Biosimilar to Actemra</i>	Q5135	4/1/2025	X			X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>Add to site of care for Commercial only</li> </ul>
<b>Wezlana™</b> (ustekinumab-auub) <i>Biosimilar to Stelara</i>	Q5137 (SC) Q5138 (IV)	4/1/2025	X			X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>Add to site of care for Commercial only</li> </ul>

Upon prior authorization renewal, the updated policy will apply. UnitedHealthcare will honor all approved prior authorizations on file until the end date on the authorization or the date the member's eligibility changes. You don't need to submit a new notification/prior authorization request for members who already have an authorization for these medications on the effective date noted above.

Note: Certain specialty medical injectable drug programs and updates will not be implemented at this time for providers practicing in Rhode Island, with respect to certain commercial members, pursuant to the Rhode Island regulation: 230-RICR-20-30-14. UnitedHealthcare encourages providers practicing in Rhode Island to call in to confirm if prior authorization is required. This exception does not apply to Medicaid and Medicare.

<b>Specialty medical injectable medications added to Medication Sourcing for Outpatient Hospital Providers Only – UnitedHealthcare Commercial</b>			
<b>Medication Name</b>	<b>HCPCs Code(s)</b>	<b>Effective Date</b>	<b>Specialty Pharmacy</b>
<b>Tremfya® IV</b> (guselkumab)	J1628	2/1/2025	Accredo Health Group
<b>PiaSky</b> (crovalimab-akkz)	J1307	4/1/2025	Accredo Health Group
<b>Pyzchiva</b> (ustekinumab-ttwe) <i>Biosimilar to Stelara</i>	Q9996(SC) Q9997(IV)	4/1/2025	TBD
<b>Selarsdi</b> (ustekinumab-aekn) <i>Biosimilar to Stelara</i>	Q9998	4/1/2025	TBD



<b>Tofidence</b> (tocilizumab-bavi) <i>Biosimilar to Actemra</i>	Q5133	4/1/2025	TBD
<b>Tyenne</b> (tocilizumab-aazg) <i>Biosimilar to Actemra</i>	Q5135	4/1/2025	TBD
<b>Wezlana</b> (ustekinumab-auub) <i>Biosimilar to Stelara</i>	Q5137 (SC) Q5138 (IV)	4/1/2025	TBD



Outpatient hospitals are required to obtain the medications listed in the [Medication Sourcing Protocol - Requirements to use a participating specialty pharmacy for certain medications document](#) from the indicated specialty pharmacies for distribution of these medications, unless otherwise authorized by us. When the specialty medication is obtained through the specialty pharmacy, the specialty pharmacy will bill us directly for these medications under the member's medical benefit. The facility administering the specialty medication is not to bill us for the medication obtained through the specialty pharmacy but may bill us for the administration of the medication to the member.

