

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 the [Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans](#).

Legend:

X = Standard

C = Core medical necessity

O = Oncology prior authorization

R = Review at launch/exclude at launch

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product 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
Adcetris®	Oncology - injectable	J9042	O			
Aduhelm®	Central nervous system agents	J0172	C			
Advate®	Hemophilia	J7192	C			
Adynovate®	Hemophilia	J7207	C	Preferred products: Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq, Recombinate		
Adzynma	Hematologic	J3490/ J3590/ C9399	R			
Afstyla®	Hemophilia	J7210	C	Preferred products: Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq, Recombinate		
Aldurazyme®	Enzyme replacement therapy	J1931	C		C	X

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Alimta®	Oncology – injectable	J9305	O			
Aliqopa®	Oncology – injectable	J9057	O			
Alphanate®	Hemophilia	J7186	C			
AlphaNine® SD	Hemophilia	J7193	C			
Alprolix®	Hemophilia	J7201	C			
Altuviio™	Hemophilia	J7214	C			
Alymysys®	Oncology – injectable	Q5126	O	Preferred product: Mvasi		
Amondys 45	Central nervous system agents	J1426	C		C	X
Amvuttra®	Central nervous system agents	J0225	C		C	X
Apretude	HIV	J0739	C		C	X
Aralast® NP	Alpha1-proteinase inhibitors	J0256	C		C	X
Arranon®	Oncology – injectable	J9261	O			
Arzerra®	Oncology – injectable	J9302	O			
Asceniv™	Immune globulin	J1554	C	Preferred products: Bivigam, 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			
Avastin®	Oncology – injectable	J9035	O	Preferred product: Mvasi		
Avsola®	Inflammatory conditions	Q5121	C		C	X
Azedra®	Oncology – Radiopharmaceutical injectable	A9590	O			
Bavencio®	Oncology – injectable	J9023	O			
Beleodaq®	Oncology – injectable	J9032	O			
Belrapzo®	Oncology – injectable	J9036	O			
Bendamustine	Oncology – injectable	J9058/ J9059/ J9056	O			
Bendeka®	Oncology – injectable	J9034	O			
Benefix®	Hemophilia	J7195	C			

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Benlysta®	Immune modulator	J0490	C		C	X
Beovu®	Ophthalmologic VEGF inhibitors	J0179	C	Preferred products: Avastin, Cimerli, Eylea, Lucentis, Vabysmo This product may be excluded for some ASO and FI plans in select states.		X
Berinert®	Hematologic	J0597	C	Preferred product: Ruconest		
Besponsa®	Oncology - injectable	J9229	O			
BiCNU®	Oncology - injectable	J9050	O			
Bivigam®	Immune globulin	J1556	C		C	X
Blenrep	Oncology - injectable	J9037	O			
Bleomycin	Oncology - injectable	J9040	O			
Blinicyto®	Oncology - injectable	J9039	O			
Breyanzi™	Cellular therapy	Q2054	C			
Brineura®	Enzyme replacement therapy	J0567	C			X
Briumvi®	Multiple sclerosis	J2329	C			X
Busulfan	Oncology - injectable	J0594	O			
Byooviz™	Ophthalmologic VEGF inhibitors	Q5124	C	Preferred products: Avastin, Cimerli, Eylea, Lucentis, 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			
Cerezyme®	Enzyme deficiency (Gaucher disease)	J1786	C	Preferred product: VPRIV	C	X
Cerianna™	Oncology - Radiopharmaceutical injectable	A9591	O			
Cimzia®	Inflammatory conditions	J0717	C		C	X

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Cinqair®	Asthma	J2786	C	Preferred products: Fasenra, Nucala	C	X
Cinryze®	Hematologic	J0598	C			
Cipla Leuprolide	Gonadotropin Releasing Hormone Analogs/ 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			
Corifact®	Hemophilia	J7180	C			
Cortrophin® Gel	Endocrine	J0802	C			
Cosela®	Oncology - injectable	J1448	O			
Cosentyx® IV	Inflammatory conditions	J3490/ J3590/ C9399	R			
Cosmegen®	Oncology - injectable	J9120	O			
Crysvita®	Endocrine	J0584	C		C	X
Cutaquig®	Immune globulin	J1551	C	Preferred products: Bivigam, 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
Cuvitru™	Immune globulin	J1555	C	Preferred products: Bivigam, 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
Cyclophosphamide	Oncology - injectable	J9070/ J9071/ J9072	O			

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
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	O			
Docetaxel	Oncology - injectable	J9171/ J9172	O			
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	Preferred product: VPRIV	C	X
Elevidys	Gene therapy	J1413	C			X
Elfabrio®	Enzyme replacement therapy	J2508	C	Preferred product: Fabrazyme This product may be excluded for some ASO and FI plans in select states.	C	X
Eligard®	Gonadotropin releasing hormone analogs/ Oncology - injectable	J9217	O			
Epirubicin	Oncology - injectable	J9178	O			
Eloctate®	Hemophilia	J7205	C			
Elrexio™	Oncology - injectable	J9999/ C9165	O			
Elzonris®	Oncology - injectable	J9269	O			
Empliciti®	Oncology - injectable	J9176	O			
Enhertu®	Oncology - injectable	J9358	O			
Enjamo®	Blood modifying agent	J1302	C		C	X
Entyvio®	Inflammatory conditions	J3380	C		C	X
Epkinly™	Oncology - injectable	J9321	O			

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Epogen®	Erythropoiesis-stimulating agents	J0885	C/O	Preferred product: Retacrit		
Erbix®	Oncology - injectable	J9055	O			
Erwinaze®	Oncology - injectable	J9019	O			
Esperoct®	Hemophilia	J7204	C	Preferred products: Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq, Recombinate		
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
Eylea® HD	Ophthalmologic VEGF inhibitors	J3490/ J3590/ C9161	R			
Fabrazyme®	Enzyme replacement therapy	J0180	C		C	X
Fasenra®	Asthma	J0517	C		C	X
Feiba® NF	Hemophilia	J7198	C			
Feraheme®	Anemia	Q0138	C	Preferred products: Venofer, Ferrlecit, Infed		
Fibryga®	Hemophilia	J7177	C			
Firmagon®	Gonadotropin releasing hormone analogs/ Oncology - injectable	J9155	O			
Flebogamma®	Immune globulin	J1572	C		C	
Floxuridine	Oncology - injectable	J9200	O			
Fludarabine	Oncology - injectable	J9185	O			
Fluorouacil	Oncology - injectable	J9190	O			
Foloty®	Oncology - injectable	J9307	O			
Fulphila®	Neutropenia/oncology - injectable	Q5108	C/O	Preferred products: Udenyca, Neulasta		
Fulvestrant	Oncology - injectable	J9394/ J9395	O			
Fyarro®	Oncology - injectable	J9331	O			
Fynetra®	Neutropenia/oncology - injectable	Q5130	C/O	Preferred products: Udenyca, Neulasta		
Gamifant®	Immune modulator/ oncology - injectable	J9210	C/O			X

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
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	Preferred products: Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Gelsyn-3®	Sodium hyaluronate	J7328	C			
Gemcitabine	Oncology - injectable	J9201	O			
GenVisc® 850	Sodium hyaluronate	J7320	C	Preferred products: 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®	Alpha1-proteinase inhibitors	J0257	C		C	X
Granix®	Neutropenia/oncology - injectable	J1447	C/O	Preferred product: Zarxio		
Halaven®	Oncology - injectable	J9179	O			
Hemgenix®	Gene therapy	J1411	C			X
Hemlibra®	Hemophilia	J7170	C			
Hemofil M®	Hemophilia	J7190	C			
Herceptin®	Oncology - injectable	J9355	O	Preferred products: Kanjinti, Trazimera		
Herceptin Hylecta™	Oncology - injectable	J3956	O	Preferred products: Kanjinti, Trazimera		
Herzuma®	Oncology - injectable	Q5113	O	Preferred products: Kanjinti, Trazimera		
Hizentra®	Immune globulin	J1559	C		C	X

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Hospira Bortezomib	Oncology – injectable	J9049	O			
Humate-P®	Hemophilia	J7187	C			
Hyalgan®	Sodium hyaluronate	J7321	C	Preferred products: Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Hycamtin®	Oncology – injectable	J9351	O			
Hymovis®	Sodium hyaluronate	J7322	C	Preferred products: Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
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		C	X
Imfinzi®	Oncology – injectable	J9173	O			
Imjudo®	Oncology – injectable	J9347	O			
Imlygic®	Oncology – injectable	J9325	O			
Inflectra®	Inflammatory conditions	Q5103	C		C	X
Infugem™	Oncology – injectable	J9198	O	Preferred product: Gemcitabine		
Injectafer®	Anemia	J1439	C	Preferred products: Venofer, Ferrlecit, Infed		
Irinotecan	Oncology – injectable	J9206	O			
Istodax®	Oncology – injectable	J9319	O			
Ixempra®	Oncology – injectable	J9207	O			
Ixinity®	Hemophilia	J7213	C	Preferred products: AlphaNine SD, Mononine, Profilnine SD		

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Izervay™	Complement inhibitor – ophthalmologic use	J3490/ J3590/ C9162	C			X
Jelmyto®	Oncology – injectable	J9281	O			
Jemperli	Oncology – injectable	J9272	O			
Jevtana®	Oncology – injectable	J9043	O			
Jivi®	Hemophilia	J7208	C			
Kadcyla®	Oncology – injectable	J9354	O			
Kalbitor®	Hematologic	J1290	C			
Kanjinti®	Oncology – injectable	Q5117	O			
Kanuma®	Enzyme replacement therapy	J2840	C		C	X
Keytruda®	Oncology – injectable	J9271	O			
Khapzory™	Oncology – injectable	J0642	O			
Kimtrak®	Oncology – injectable	J9274	O			
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			
Lamzed®	Enzyme replacement therapy	J0217	C		C	X
Lanreotide	Endocrine	J1932	C/O	Preferred product: Somatuline Depot		
Lartruvo™	Oncology – injectable	J9285	O			
Lemtrada®	Multiple sclerosis	J0202	C	Preferred products: self-administered multiple sclerosis medications, Ocrevus, Tysabri, Rituximab		X
Leqembi™	Central nervous system agents	J0174	C			X
Leqvio®	Cardiology	J1306	C	Preferred products: statins, Zetia		X
Leucovorin	Oncology – injectable	J0640	O			
Leukine®	Oncology – injectable	J2820	O			

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Leuprolide	Gonadotropin Releasing Hormone Analogs/ Oncology - injectable	J9218	O			
Levoleucovorin	Oncology - injectable	J0641/ J0642	O			
Libtayo®	Oncology - injectable	J9119	O			
Lumizyme®	Enzyme replacement therapy	J0221	C		C	X
Lumoxiti®	Oncology - injectable	J9313	O			
Lunsumio™	Oncology - injectable	J9350	O			
Lupron Depot® (3.75 mg)	Gonadotropin releasing hormone analogs/ Oncology - injectable	J1950	O	Preferred products: Eligard, Lupron Depot 7.5 mg (J9217), Cipla Leuprolide (J1954)		
Lupron Depot® (7.5 mg)	Gonadotropin releasing hormone analogs/ Oncology - injectable	J9217	O			
Lutathera®	Oncology - Radiopharmaceutical injectable	A9513	O			
Luxturna®	Gene therapy	J3398	C			X
Margenza®	Oncology - injectable	J9353	O			
Marqibo®	Oncology - injectable	J9371	O			
Melphalan	Oncology - injectable	J9245/ J9246	O			
Mepsevii®	Enzyme replacement therapy	J3397	C		C	X
Mesna	Oncology - injectable	J9209	O			
Methotrexate	Oncology - injectable	J9250/ J9260/ J9255	O			
Mitomycin	Oncology - injectable	J9280	O			
Mitoxantrone	Oncology - injectable	J9293	O			
Monjuvi®	Oncology - injectable	J9349	O			
MonoFerric®	Anemia	J1437	C	Preferred products: Venofer, Ferrlecit, Infed		
Mononine®	Hemophilia	J7193	C			

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Monovisc®	Sodium hyaluronate	J7327	C	Preferred products: Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Mvasi®	Oncology - injectable	Q5107	O			
Mylotarg™	Oncology - injectable	J9203	O			
Naglazyme®	Enzyme replacement therapy	J1458	C		C	X
Neulasta®	Neutropenia/oncology - injectable	J2506	C/O			
Neupogen®	Neutropenia/oncology - injectable	J1442	C/O	Preferred product: Zarxio		
Nexviazyme®	Enzyme replacement therapy	J0219	C		C	X
Nipent™	Oncology - injectable	J9268	O			
Nivestym®	Neutropenia/oncology - injectable	Q5110	C/O	Preferred product: Zarxio		
Novoeight®	Hemophilia	J7182	C			
NovoSeven® RT	Hemophilia	J7189	C			
Nucala	Asthma	J2182	C		C	X
Nulibry®	Enzyme replacement therapy	J3490/ J3590/ C9399	C		C	X
Nuwiq®	Hemophilia	J7209	C			
Nyvepria™	Neutropenia/oncology - injectable	Q5122	O	Preferred products: Udenyca, Neulasta		
Obizur®	Hemophilia	J7188	C			
Ocrevus®	Multiple sclerosis	J2350	C			X
Octagam®	Immune globulin	J1568	C		C	X
Ogivri®	Oncology - injectable	Q5114	O	Preferred products: Kanjinti, Trazimera		
Omvo™	Inflammatory conditions	J3490/ J3590/ C9399	R			
Oncaspar®	Oncology - injectable	J9266	O			
Onivyde®	Oncology - injectable	J9205	O			

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Onpattro®	Central nervous system agents	J0222	C		C	X
Ontruzant®	Oncology - injectable	Q5112	O	Preferred products: Kanjinti, Trazimera		
Opdivo®	Oncology - injectable	J9299	O			
Opdualag™	Oncology - injectable	J9298	O			
Orencia® IV	Inflammatory conditions	J0129	C		C	X
Orthovisc®	Sodium hyaluronate	J7324	C	Preferred products: Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Oxaliplatin	Oncology - injectable	J9263	O			
Oxlumo®	Endocrine	J0224	C		C	X
Paclitaxel	Oncology - injectable	J9265/ J9267/ J9258	O			
Padcev®	Oncology - injectable	J9177	O			
Panzyga®	Immune globulin	J1576	C	Preferred products: Bivigam, 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
Parsabiv®	Endocrine	J0606	C	Preferred product: Sensipar		
Pemetrexed	Oncology - injectable	J9304/ J9294/ J9297/ J9305	O			
Pemfexy®	Oncology - injectable	J9304	O	Preferred products: Pemetrexed, Alimta		
Perjeta®	Oncology - injectable	J9306	O			
Phesgo®	Oncology - injectable	J9316	O			

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
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Pluvicto®	Oncology – Radiopharmaceutical injectable	A9607	O			
Polivy®	Oncology – injectable	J9309	O			
Pombiliti™	Enzyme replacement therapy	J3490/ J3590/ C9399	R			
Poteligeo®	Oncology – injectable	J9204	O			
Privigen®	Immune globulin	J1459	C		C	X
Procrit®	Erythropoiesis-stimulating agents	J0885	C/O	Preferred product: Retacrit		
Profilnine®	Hemophilia	J7194	C			
Prolastin®-C	Alpha1-proteinase inhibitors	J0256	C		C	X
Proleukin®	Oncology – injectable	J9015	O			
Provenge®	Oncology – injectable	Q2043	O			
Qalsody™	Central nervous system agents	J1304	C			X
Quadramet®	Oncology – Radiopharmaceutical injectable	A9604	O			
Radicava®	Central nervous system agents	J1301	C		C	X
Rebiny®	Hemophilia	J7203	C	Preferred products: AlphaNine SD, Mononine, Profilnine SD		
Reblozyl®	Anemia/oncology – injectable	J0896	C/O			X
Recombinate™	Hemophilia	J7192	C			
Releuko®	Neutropenia/oncology – injectable	Q5125	C/O	Preferred product: Zarxio		
Remicade®	Inflammatory conditions	J1745	C	Preferred products: Avsola, Inflectra	C	X
Renflexis®	Inflammatory conditions	Q5104	C	Preferred products: Avsola, Inflectra	C	X
Revcovi®	Enzyme replacement therapy	J3590/ C9399	C		C	X
Riabni™	Immune Modulator	Q5123	C/O	Preferred products: Ruxience, Truxima		
RiaSTAP®	Hemophilia	J7178	C			

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
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Rituxan®	Immune Modulator	J9312	C/O	Preferred products: Ruxience, Truxima		
Rituxan® Hycela	Oncology - injectable	J9311	O			
Rivfloza™	Endocrine	J3490/ J3590/ C9399	R			
Rixubis®	Hemophilia	J7200	C			
Roctavian™	Gene therapy	J1412	C			X
Rolvedon™	Neutropenia/oncology injectable	J1449	C/O	Preferred products: Udenyca, Neulasta		
Ruconest®	Hematologic	J0596	C			
Ruxience®	Immune Modulator	Q5119	C/O			
Rybrevant®	Oncology - injectable	J9061	O			
Rylaze®	Oncology - injectable	J9021	O			
Ryplazim®	Rare conditions	J2998	C		C	X
Rystiggo®	Central nervous system agents	J9333	C		C	X
Sandimmune, Neoral®	Oncology - injectable	J7516	O			
Sandostatin®	Oncology - injectable	J2354	O			
Saphnelo™	Immune modulator	J0491	C	Preferred product: Benlysta	C	C
Sarclisa®	Oncology - injectable	J9227	O			
Scenesse®	Dermatology	J7352	C			
Sevenfact®	Hemophilia	J7212	C			
Simponi ARIA®	Inflammatory conditions	J1602	C		C	X
Skyrizi	Inflammatory conditions	J2327	C		C	X
Skysona	Cellular therapy	J3490/ J3590/ C9399	C			
Soliris®	Blood modifying agents	J1300	C		C	X
Spevego®	Inflammatory conditions	J1747	C			X
Spinraza®	Central nervous system agents	J2326	C			X
Stelara®	Inflammatory conditions	J3358	C		C	X
Stimufend®	Neutropenia/oncology injectable	Q5127	C/O	Preferred products: Udenyca, Neulasta		

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Supartz®/ Supartz FX®	Sodium hyaluronate	J7321	C	Preferred products: 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			
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
Synjoynt®	Sodium hyaluronate	J7331	C	Preferred products: 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	Preferred products: Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Synvisc-One®	Sodium hyaluronate	J7325	C	Preferred products: Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Talvey™	Oncology - injectable	J9999/ C9163	O			
Taxotere®	Oncology - injectable	J9171	O			
Tecartus®	Cellular therapy	Q2053	C			

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Tecentriq®	Oncology – injectable	J9022	O			
Temodar®	Oncology – injectable	J9328	O			
Tepezza®	Endocrine	J3241	C		C	X
Tezspire®	Asthma	J2356	C		C	X
Thiotepa	Oncology – injectable	J9340	O			
Tivdak®	Oncology – injectable	J9273	O			
Torisel®	Oncology – injectable	J9330	O			
Trazimera®	Oncology – injectable	Q5116	O			
Treanda®	Oncology – injectable	J9033	O			
Tretten®	Hemophilia	J7181	C			
Triluron®	Sodium hyaluronate	J7332	C	Preferred products: 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	Preferred products: 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	Q5115	C/O			
Tysabri®	Multiple sclerosis	J2323	C			X
Tzield®	Immune modulator	J9381	C		C	X
Udenyca®	Neutropenia/Oncology – injectable	Q5111	C/O			
Ultomiris®	Blood modifying agents	J1303	C		C	X
Unituxin™	Oncology – injectable	J1246	O			
Uplizna®	Immune modulator	J1823	C		C	X
Valstar®	Oncology – injectable	J9357	O			
Vectibix®	Oncology – injectable	J9303	O			
Vegzelma®	Oncology – injectable	Q5129	O	Preferred product: Mvasi		

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Velcade®	Oncology – injectable	J9041	O			
Veopoz™	Blood modifying agents	J3490/ J3590/ C9399	C		C	X
Vidaza®	Oncology – injectable	J9025	O			
Viltepso®	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	Preferred products: 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		C	X
Vyjuvek®	Gene therapy	J3401	C		C	X
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
Vyxeos®	Oncology – injectable	J9153	O			
Wilate®	Hemophilia	J7183	C			
Xembify®	Immune globulin	J1558	C		C	X
Xenpozyme®	Enzyme replacement therapy	J0218	C		C	X

Medication name	Therapeutic class	J/CPT® code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product required	Site of care required	
Xgeva®	Oncology – injectable	J0897	O	Preferred products: Ibandronate, Alendronate, Zoledronic acid injection		
Xiaflex®	Collagenase	J0775	C			X
Xofigo®	Oncology – Radiopharmaceutical injectable	A9606	O			
Xolair®	Asthma	J2357	C			X
Xyntha®	Hemophilia	J7185	C	Preferred products: Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq, Recombinate		
Yervoy®	Oncology – injectable	J9228	O			
Yescarta®	Cellular therapy	Q2041	C			
Yondelis®	Oncology – injectable	J9352	O			
Zaltrap®	Oncology – injectable	J9400	O			
Zanosar®	Oncology – injectable	J9320	O			
Zarxio®	Neutropenia/oncology – injectable	Q5101	C/O			
Zemaira®	Alpha1-proteinase inhibitors	J0256	C		C	X
Zepzelca®	Oncology – injectable	J9223	O			
Zevalin®	Oncology – Radiopharmaceutical injectable	A9543	O			
Ziextenzo®	Neutropenia/oncology – injectable	Q5120	C/O	Preferred products: Udenyca, Neulasta		X
Zirabev®	Oncology – injectable	Q5118	O	Preferred product: Mvasi		
Zoledronic acid	Oncology – injectable	J3489	O			
Zolgensma®	Gene therapy	J3399	C			X
Zynlonta®	Oncology – injectable	J9359	O			
Zynteglo™	Cellular therapy	J3490/ J3590/ C9399	C			

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 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
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).
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
Medication sourcing	Network health care professionals are required to source certain specialty medications through contracted specialty pharmacies.

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