

# 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
<b>Abecma</b> ®	Oncology - Injectable	Q2055	O		
<b>Abraxane</b> ®	Oncology - Injectable	J9264	O		
<b>Actemra</b> ®	Inflammatory conditions	J3262	X		
<b>Acthar</b> ® Gel	Endocrine	J0801	X		
<b>Adakveo</b> ®	Sickle cell	J0791	X		
<b>Adcetris</b> ®	Oncology - Injectable	J9042	O		
<b>Aduhelm</b> ®	Central nervous system agents	J0172	X		
<b>Adzynma</b> ®	Enzyme replacement therapy	J7171	X		
<b>Akynzeo</b> ®	Oncology - Antiemetic	J1454	O	Reference the <b>Antiemetics for Oncology</b> policy	
<b>Aldurazyme</b> ®	Enzyme replacement therapy	J1931	X		

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

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Asceniv™</b>	Immune globulin	J1554	X	Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen, Xembify	
<b>Asparlas®</b>	Oncology - Injectable	J9118	X		
<b>Aucatzyl®</b>	Cellular therapy	J3490/ J3590/ C9301	X	Mvasi	
<b>Avastin®</b>	Oncology - Injectable	J9035	X	Mvasi	
<b>Avsola®</b>	Inflammatory conditions	Q5121	X		
<b>Axtle™</b>	Oncology - Injectable	J9292	O	Reference the <b>Oncology Clinical Coverage</b> policy	
<b>Bavencio®</b>	Oncology - Injectable	J9023	X		
<b>Beleodaq®</b>	Oncology - Injectable	J9032	O		
<b>Belrapzo</b>	Oncology - Injectable	J9036	O		
<b>Bendamustine®</b>	Oncology - Injectable	J9033/ J9034/ J9036/ J9056	O		
<b>Bendeka®</b>	Oncology - Injectable	J9034	O		
<b>Benlysta®</b>	Immune modulator	J0490	X		
<b>Beovu®</b>	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J0179	X		
<b>Beqvez™</b>	Gene therapy	J1414	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Berinert®</b>	Hematologic	J0597	X		
<b>Besponsa</b>	Oncology - Injectable	J9229	O		
<b>BiCNU</b>	Oncology - Injectable	J9050	O		
<b>Bivigam®</b>	Immune globulin	J1556	X		
<b>Bkemv</b>	Blood modifying agents	J3490/ J3590	R		
<b>Blenrep</b>	Oncology - Injectable	J9037	O		
<b>Bleomycin</b>	Oncology - Injectable	J9040	O		
<b>Blincyto®</b>	Oncology - Injectable	J9039	O		
<b>Bortezomib</b>	Oncology - Injectable	J9041/ J9046/ J9048/ J9049/ J9051	O		
<b>Breyanzi®</b>	Oncology - Injectable	Q2054	O		
<b>Brineura®</b>	Enzyme replacement therapy	J0567	X		
<b>Briumvi®</b>	Multiple sclerosis	J2329	X		
<b>Busulfan</b>	Oncology - Injectable	J0594	O		
<b>Byooviz</b>	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	Q5124	X		
<b>Cabenuva™</b>	HIV	J0741			
<b>Camcevi®</b>	Gonadotropin Releasing Hormone Analogs / Oncology - injectable	J1952	X/O		
<b>Carboplatin</b>	Oncology - Injectable	J9045	O		
<b>Carmustine</b>	Oncology - Injectable	J9052	O		
<b>Carvykti™</b>	Oncology - Injectable	Q2056	O		
<b>Casgevy™</b>	Gene therapy	J3392	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Cerezyme®</b>	Enzyme deficiency (Gaucher's disease)	J1786	X	VPRIV	
<b>Cimerli™</b>	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	Q5128	X		
<b>Cimzia®</b>	Inflammatory conditions	J0717	X		
<b>Cinqair®</b>	Asthma	J2786	X	Fasenra, Nucala	
<b>Cinvanti®</b>	Oncology - Antiemetic	J0185	O	Reference the <b>Antiemetics for Oncology</b> policy	
<b>Cinryze®</b>	Hematologic	J0598	X		
<b>Cisplatin</b>	Oncology - Injectable	J9060	O		
<b>Cladribine</b>	Oncology - Injectable	J9065	O		
<b>Clolar</b>	Oncology - injectable	J9027	O		
<b>Columvi</b>	Oncology - Injectable	J9286	O		
<b>Clofarabine</b>	Oncology - injectable	J9027	O		
<b>Cortrophin® Gel</b>	Endocrine	J0802	X		
<b>Cosela®</b>	Oncology - injectable	J1448	O		
<b>Cosentyx® IV</b>	Inflammatory conditions	J3247			
<b>Cosmegen</b>	Oncology - Injectable	J9120	O		
<b>Crysvita®</b>	Endocrine	J0584	X		
<b>Cutaquig®</b>	Immune globulin	J1551	X		
<b>Cuvitru®</b>	Immune globulin	J1555	X		
<b>Cyclophosphamide</b>	Oncology - Injectable	J9071/ J9072/ J9073/ J9074/ J9075/ J9076	O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Cyramza®</b>	Oncology - Injectable	J9308	O		
<b>Cytarabine</b>	Oncology - Injectable	J9100	O		
<b>Dacarbazine</b>	Oncology - Injectable	J9130	O		
<b>Danyelza®</b>	Oncology - Injectable	J9348	O		
<b>Darzalex®</b>	Oncology - Injectable	J9145	O		
<b>Darzalex Faspro®</b>	Oncology - Injectable	J9144	O		
<b>Daunorubicin</b>	Oncology - Injectable	J9150	O		
<b>Dexrazoxane</b>	Oncology - Injectable	J1190			
<b>Docetaxel</b>	Oncology - Injectable	J9171	O		
<b>Doxil®</b>	Oncology - Injectable	Q2050	O		
<b>Doxorubicin</b>	Oncology - Injectable	J9000	O		
<b>Elahere™</b>	Oncology - Injectable	J9063	O		
<b>Elaprase®</b>	Enzyme replacement therapy	J1743	X		
<b>Elelyso®</b>	Enzyme deficiency (Gaucher's disease)	J3060	X	VPRIV	
<b>Elevidys™</b>	Gene therapy	J1413	X		
<b>Elfabrio®</b>	Enzyme replacement	J2508	X		
<b>Eligard®</b>	Oncology - Injectable	J9217	O		
<b>Ellence</b>	Oncology - Injectable	J9178	O		
<b>Elrexio</b>	Oncology - Injectable	J1323		Reference the <b>Oncology Clinical Coverage</b> policy	
<b>Elzonris®</b>	Oncology - Injectable	J9269	O		
<b>Emend® Injection</b>	Oncology - Antiemetic	J1453	O		
<b>Empliciti</b>	Oncology - Injectable	J9176	O		
<b>Enhertu®</b>	Oncology - Injectable	J9358	O		

Medication	Therapeutic class	CPT <sup>®</sup> / HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Enjaymo <sup>®</sup>	Blood modifiers	J1302	X		
Entyvio <sup>®</sup>	Inflammatory conditions	J3380	X		
Epirubicin	Oncology - injectable	J9178	O		
Epkinly	Oncology - Injectable	J9321	O		
Epogen <sup>®</sup>	Erythropoiesis-stimulating agents	J0885	X	Retacrit	
Epysqli	Blood modifying agents	J3490/ J3590	R		
Erbitux <sup>®</sup>	Oncology - Injectable	J9055	O		
Erwinaze <sup>®</sup>	Oncology - Injectable	J9019	O		
Etoposide	Oncology - Injectable	J9181	O		
Evkeeza <sup>®</sup>	Rare conditions	J1305	X		
Evomela <sup>®</sup>	Oncology - Injectable	J9246	O		
Exondys 51 <sup>®</sup>	Central nervous system agents	J1428	X		
Eylea <sup>®</sup>	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J0178	X		
Eylea <sup>®</sup> HD	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J0177	X		
Fabrazyme <sup>®</sup>	Enzyme replacement therapy	J0180	X		
Fasenra <sup>®</sup>	Asthma	J0517	X	Self-administered Fasenra (covered under pharmacy benefit)	
Fensolvi <sup>®</sup>	Gonadotropin-releasing hormone analogs	J1951	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Feraheme®</b>	Anemia	Q0138/ Q0139	X	Venofer, Ferrlecit, Infed	
<b>Firmagon®</b>	Oncology - Injectable	J9155	O		
<b>Flebogamma® DIF</b>	Immune globulin	J1572	X		
<b>Floxuridine</b>	Oncology - Injectable	J9200	O		
<b>Fludarabine</b>	Oncology - Injectable	J9185	O		
<b>Fluorouracil</b>	Oncology - Injectable	J9190			
<b>Focinvez™</b>	Oncology - Injectable	J1434	O	Reference the <b>Antiemetics for Oncology</b> policy	
<b>Folotyn®</b>	Oncology - Injectable	J9307	O		
<b>Fosaprepitant (teva)</b>	Oncology - Injectable	J1456	O		
<b>Fulphila®</b>	Neutropenia/ Oncology - Injectable	Q5108	X/O	Neulasta, Udenyca	
<b>Fulvestrant</b>	Oncology - Injectable	J9394/ J9395	O		
<b>Fyarro</b>	Oncology - Injectable	J9331	O		
<b>Fylintra®</b>	Neutropenia/ Oncology - Injectable	Q5130	X/O	Neulasta, Udenyca	
<b>Gamifant®</b>	Immune modulator	J9210	X		
<b>Gammagard®</b>	Immune globulin	J1569	X		
<b>Gammagard® S/D</b>	Immune globulin	J1566	X		
<b>Gammaked™</b>	Immune globulin	J1561	X		
<b>Gammaplex®</b>	Immune globulin	J1557	X		
<b>Gamunex®-C</b>	Immune globulin	J1561	X		
<b>Gazyva®</b>	Oncology - Injectable	J9301	O		
<b>Gel-One®</b>	Sodium hyaluronate	J7326	X	Euflexxa, Durolane, GelSyn-3	



Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Gelsyn-3®</b>	Sodium hyaluronate	J7328	X		
<b>Gemcitabine</b>	Oncology - Injectable	J9201	O		
<b>GenVisc® 850</b>	Sodium hyaluronate	J7320	X	Euflexxa, Durolane, GelSyn-3	
<b>Givlaari®</b>	Blood modifying agents	J0223	X		
<b>Glassia®</b>	Alpha1-proteinase inhibitors	J0257	X		
<b>Granix®</b>	Neutropenia/ Oncology - Injectable	J1447	X/O	Nivestym, Zarxio	
<b>Halaven®</b>	Oncology - Injectable	J9179	O		
<b>Hemgenix®</b>	Gene therapy	J1411	X		
<b>Herceptin®</b>	Oncology - Injectable	J9355	O	Kanjinti, Ogivri, Trazimera	
<b>Herceptin Hylecta™</b>	Oncology - Injectable	J3956	O	Kanjinti, Ogivri, Trazimera	
<b>Hercessi</b>	Oncology - Injectable	Q5146	O	Kanjinti, Ogivri, Trazimera	
<b>Herzuma®</b>	Oncology - Injectable	Q5113	O	Kanjinti, Ogivri, Trazimera	
<b>Hizentra®</b>	Immune globulin	J1559	X		
<b>Hyalgan®</b>	Sodium hyaluronate	J7321	X	Euflexxa, Durolane, GelSyn-3	
<b>Hycamtin®</b>	Oncology - Injectable	J9351	O		
<b>Hyalgan®</b>	Oncology - Injectable	J9311	O		
<b>Hymovis®</b>	Sodium hyaluronate	J7322	X	Euflexxa, Durolane, GelSyn-3	
<b>Hypavzi</b>	Hemophilia	J3490/ J3590/ C9304	R		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
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		
Imlygic®	Oncology - Injectable	J9325	O		
Imuldosa	Inflammatory conditions	J3490/ J3590	R		
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		
Jubbonti®	Osteoporosis	Q5136	R		
Kadcyla®	Oncology - Injectable	J9354	O		
Kalbitor®	Hematologic	J1290	X		
Kanjinti®	Oncology - Injectable	Q5117	O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Kanuma®</b>	Enzyme replacement therapy	J2840	X		
<b>Keytruda®</b>	Oncology - Injectable	J9271	O	Reference the <b>Oncology Clinical Coverage</b> policy	
<b>Khantzory™</b>	Oncology - Injectable	J0642	O		
<b>Kimtrak</b>	Oncology - Injectable	J9274	O		
<b>Kisunla™</b>	Central nervous system agents	J0175	X		
<b>Korsuva™</b>	Renal disease	J0879	X		
<b>Krystexxa®</b>	Endocrine	J2507	X		
<b>Kymriah®</b>	Oncology - Injectable	Q2042	X		
<b>Kyprolis®</b>	Oncology - Injectable	J9047	O		
<b>Lamzedo</b>	Enzyme replacement therapy	J0217	X		
<b>Lantidra™</b>	Cellular therapy	J3490/ J3590	X		
<b>Lartruvo™</b>	Oncology - Injectable	J9285	O		
<b>Lemtrada®</b>	Multiple sclerosis	J0202	X	Ocrevus, Tysabri, Rituximab or self-administered MS medications	
<b>Lenmeldy™</b>	Gene therapy	J3490/ J3590	X		
<b>Leqembi</b>	Central nervous system agents	J0174	X		
<b>Leqvio®</b>	Cardiology	J1306	X		
<b>Leucovorin</b>	Oncology - Injectable	J0640	O	Levoleucovorin	
<b>Leukine®</b>	Neutropenia/ Oncology - Injectable	J2820	X/O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Leuprolide depot</b>	Oncology - Injectable	J1954	O		
<b>Leuprolide</b>	Gonadotropin-releasing hormone analogs/Oncology - Injectable	J9218	O		
<b>Levoleucovorin</b>	Oncology - Injectable	J0641/ J0642	O		
<b>Libtayo®</b>	Oncology - Injectable	J9119	O	Reference the <b>Oncology Clinical Coverage</b> policy	
<b>Loqtorzi™</b>	Oncology - Injectable	J3263	O	Reference the <b>Oncology Clinical Coverage</b> policy	
<b>Lucentis®</b>	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J2778	X		
<b>Lumizyme®</b>	Enzyme replacement therapy	J0221	X		
<b>Lumoxiti®</b>	Oncology - Injectable	J9313	O		
<b>Lunsumio™</b>	Oncology - Injectable	J9350	O		
<b>LupronDepot® (3.75 mg)</b>	Oncology - Injectable	J1950	O	Eligard, Lupron Depot 7.5 mg (J9217)	
<b>Lupron Depot® (7.5mg)</b>	Oncology - Injectable	J9217	O		
<b>Luxturna®</b>	Gene therapy	J3398	X		
<b>Lyfgenia®</b>	Gene therapy	J3394	X		
<b>Margenza</b>	Oncology - Injectable	J9353	O		
<b>Marqibo®</b>	Oncology - Injectable	J9371	O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Melphalan</b>	Oncology - Injectable	J9245/ J9246/ J9247/ J9248/ J9249	O		
<b>Mepsevii®</b>	Enzyme replacement therapy	J3397	X		
<b>Mesna</b>	Oncology - Injectable	J9209	O		
<b>Methotrexate</b>	Oncology - Injectable	J9260/ J9255	O		
<b>Mitomycin</b>	Oncology - Injectable	J9280	O		
<b>Mitoxantrone</b>	Oncology - Injectable	J9293	O		
<b>Monjuvi</b>	Oncology - Injectable	J9349	O		
<b>MonoFerric®</b>	Anemia	J1437	X	Venofer, Ferrlecit, Infed	
<b>Monovisc®</b>	Sodium hyaluronate	J7327	X	Euflexxa, Durolane, GelSyn-3	
<b>Mvasi®</b>	Oncology - Injectable	Q5107	O		
<b>Mylotarg™</b>	Oncology - Injectable	J9203	O		
<b>Naglazyme®</b>	Enzyme replacement therapy	J1458	X		
<b>Neulasta®</b>	Neutropenia/ Oncology - Injectable	J2506	X/O		
<b>Neupogen®</b>	Neutropenia/ Oncology - Injectable	J1442	X/O	Nivestym, Zarxio	
<b>Nexviazyme™</b>	Enzyme replacement therapy	J0219	X		
<b>Niktimvo™</b>	Immunomodulatory Agents	J9038	X		
<b>Nipent™</b>	Oncology - Injectable	J9268	O		
<b>Nivestym®</b>	Neutropenia/ Oncology - Injectable	Q5110	X/O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
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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 <b>Oncology Clinical Coverage</b> policy	
Onpattro®	Central nervous system agents	J0222	X		
Ontruzant®	Oncology - Injectable	Q5112	O	Kanjinti, Trazimera	
Opdivo®	Oncology - Injectable	J9299	O	Reference the <b>Oncology Clinical Coverage</b> policy	
Opdualag	Oncology - Injectable	J9298	O		
Orencia® IV	Inflammatory conditions	J0129	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
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<b>Orthovisc®</b>	Sodium hyaluronate	J7324	X	Euflexxa, Durolane, GelSyn-3	
<b>Otulfu IV</b>	Inflammatory conditions	Q9999	R		
<b>Oxaliplatin</b>	Oncology - Injectable	J9263	O		
<b>Oxlumo®</b>	Endocrine	J0224	X		
<b>Paclitaxel</b>	Oncology - Injectable	J9264/ J9265/ J9267/ J9258	O		
<b>Padcev®</b>	Oncology - Injectable	J9177	O		
<b>Palonosetron</b>	Oncology - Injectable	J2469	O		
<b>Panzyga®</b>	Immune globulin	J1576	X	Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen, Xembify	
<b>Parsabiv®</b>	Endocrine	J0606	X	Sensipar	
<b>Pavblu™</b>	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	Q5147	X		
<b>Pemetrexed</b>	Oncology - Injectable	J9305/ J9294/ J9296/ J9297/ J9314/ J9322/ J9323/ J9324			

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Pemfexy®</b>	Oncology - Injectable	J9304	O	Reference the <b>Oncology Clinical Coverage</b> policy	
<b>Pemrydi RTU™</b>	Oncology - Injectable	J9324	O	Reference the <b>Oncology Clinical Coverage</b> policy	
<b>Perjeta®</b>	Oncology - Injectable	J9306	O		
<b>Phesgo®</b>	Oncology - Injectable	J9316	O		
<b>PiaSky®</b>	Blood modifying agents	J1307	X	Empaveli, Fabhalta, Soliris, Ultomiris	
<b>Polivy®</b>	Oncology - Injectable	J9309	O		
<b>Pombiliti™</b>	Enzyme replacement therapy	J1203	X		
<b>Posfrea™</b>	Oncology - Injectable	J2468	O	Reference the <b>Antiemetics for Oncology</b> policy	
<b>Poteligeo®</b>	Oncology - Injectable	J9204	O		
<b>Privigen®</b>	Immune globulin	J1459	X		
<b>Procrit®</b>	Erythropoiesis-stimulating agents	J0885	X	Retacrit	
<b>Prolastin®-C</b>	Alpha1-proteinase inhibitors	J0256	X		
<b>Proleukin®</b>	Oncology - Injectable	J9015	O		
<b>Prolia®</b>	Oncology - Injectable	J0897	O		
<b>Provenge®</b>	Oncology - Injectable	Q2043	O		
<b>Pyzchiva IV</b>	Inflammatory conditions	Q9997	R		
<b>Qalsody™</b>	Central nervous system agents	J1304	X		
<b>Radicava®</b>	Central nervous system agents	J1301	X		



Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Reblozyl®</b>	Anemia/oncology - Injectable	J0896	X/O		
<b>Releuko®</b>	Neutropenia/ Oncology - Injectable	Q5125	X/O	Nivestym, Zarxio	
<b>Remicade®</b>	Inflammatory conditions	J1745	X	Avsola, Inflectra, Renflexis	
<b>Renflexis®</b>	Inflammatory conditions	Q5104	X		
<b>Revcovi®</b>	Enzyme replacement therapy	J3590	X		
<b>Riabni™</b>	Immunomodulatory agents	Q5123	X/O	Ruxience, Truxima	
<b>Rituxan®</b>	Immunomodulatory agents	J9312	X/O	Ruxience, Truxima	
<b>Rituxan® Hycela</b>	Oncology - Injectable	J9311	O	Ruxience, Truxima	
<b>Rivfloza™</b>	Endocrine	J3490/ J3590	X		
<b>Roctavian™</b>	Gene therapy	J1412	X		
<b>Rolvedon®</b>	Neutropenia/ Oncology - Injectable	J1449	X/O	Neulasta, Udenyca	
<b>Ruconest®</b>	Hematologic	J0596	X		
<b>Ruxience®</b>	Immunomodulatory agents	Q5119	X/O		
<b>Rybrevant</b>	Oncology - Injectable	J9061	O		
<b>Rylaze®</b>	Oncology - Injectable	J9021	O		
<b>Ryplazim®</b>	Rare conditions	J2998	X		
<b>Rystiggo®</b>	Fc receptor antagonist	J9333	X		
<b>Ryzenuta™</b>	Oncology -Injectable	J9361	O		
<b>Sandostatin®</b>	Oncology - Injectable	J2354	O		
<b>Saphnelo®</b>	Immune modulator	J0491	X	Benlysta	

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Sarclisa®</b>	Oncology - Injectable	J9227	O		
<b>Scenesse®</b>	Dermatology	J7352	X		
<b>Selarsdi™</b>	Inflammatory conditions	Q9998	R		
<b>Simponi ARIA®</b>	Inflammatory conditions	J1602	X		
<b>Skyrizi®</b>	Inflammatory conditions	J2327	X		
<b>Skysona™</b>	Gene therapy	J3490/ J3590	X		
<b>Soliris®</b>	Blood modifying agents	J1299	X		
<b>Spevigo®</b>	Inflammatory conditions	J1747	X		
<b>Spinraza®</b>	Central nervous system agents	J2326	X		
<b>Stelara®</b>	Inflammatory conditions	J3358	X		
<b>Steqeyma IV</b>	Inflammatory conditions	J3490/ J3590	R		
<b>Stimufend®</b>	Neutropenia/ Oncology - Injectable	Q5127	X/O	Neulasta, Udenyca	
<b>Sunlenca®</b>	HIV	J1961	X		
<b>Supartz® / Supartz FX®</b>	Sodium hyaluronate	J7321	X	Euflexxa, Durolane, GelSyn-3	
<b>Supprelin® LA</b>	Oncology - Injectable	J9226	O		
<b>Sustol® Injection</b>	Oncology - Antiemetic	J1627	O	Reference the <b>Antiemetics for Oncology</b> policy	
<b>Syfovre®</b>	Retinal conditions	J2781	X		
<b>Sylatron™</b>	Oncology - Injectable	J9999	O		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
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 <b>Oncology Clinical Coverage</b> policy	
Tecvayli®	Oncology - Injectable	J9380	O		
Temodar®	Oncology - Injectable	J9328	O		
Tepezza®	Endocrine	J3241	X		
Tezspire®	Asthma	J2356	X		
Thiotepa	Oncology - Injectable	J9340	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		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Trelsta®</b>	Gonadotropin-releasing hormone analogs	J3315	X		
<b>Tremfya® IV</b>	Inflammatory conditions	J1628	X		
<b>Triluron®</b>	Sodium hyaluronate	J7332	X	Euflexxa, Durolane, GelSyn-3	
<b>Triptodur®</b>	Gonadotropin-releasing hormone analogs	J3316	X		
<b>Trisenox</b>	Oncology - Injectable	J9017	O		
<b>TriVisc®</b>	Sodium hyaluronate	J7329	X	Euflexxa, Durolane, GelSyn-3	
<b>Trodelvy®</b>	Oncology - Injectable	J9317	O		
<b>Trogarzo®</b>	HIV	J1746			
<b>Truxima®</b>	Immunomodulatory agents	Q5115	X/O		
<b>Tyenne®</b>	Inflammatory conditions	Q5135	X		
<b>Tyruko®</b>	Multiple sclerosis	Q5134	R		
<b>Tysabri®</b>	Multiple sclerosis	J2323	X		
<b>Tzield®</b>	Endocrine	J9381	X		
<b>Udenyca®</b>	Neutropenia/ Oncology - Injectable	Q5111	X/O		
<b>Ultomiris®</b>	Blood-modifying agents	J1303	X		
<b>Unituxin™</b>	Oncology - Injectable	J9999	O		
<b>Uplizna®</b>	Immune modulator	J1823	X		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
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		
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		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Vyvgart® Hytrulo	Central nervous system agents	J9334	X		
Vyxeos	Oncology - Injectable	J9153	O		
Wezlana™ SC	Inflammatory conditions	Q5137	R		
Wezlana™ IV	Inflammatory conditions	Q5168	R		
Wyost®	Oncology - Injectable	Q5136	R		
Xembify®	Immune globulin	J1558	X		
Xenpozyme®	Enzyme replacement	J0218	X		
Xiaflex®	Collagenase	J0775	X		
Xgeva®	Oncology - Injectable	J0897	O		
Xolair®	Asthma	J2357	X	Self-administered Xolair (covered under pharmacy benefit)	
Yervoy®	Oncology - Injectable	J9228	O	Reference the <b>Oncology Clinical Coverage</b> policy	
Yescarta®	Oncology - Injectable	Q2041	X		
Yesintek IV®	Inflammatory conditions	J3490/ J3590	R		
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		

Medication	Therapeutic class	CPT®/HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
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
<b>Drug policy</b>	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.
<b>Prior authorization</b>	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.
<b>Medical necessity/ notification</b>	<p>Medical necessity is about clinical effectiveness and consists of:</p> <ul style="list-style-type: none"> <li>• 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®.</li> <li>• Clinical effectiveness: Treatment of illness, injury, disease or symptom must be proven to be clinically effective</li> <li>• Cost effectiveness: Services must not be more costly than alternative services that are least likely to produce equivalent therapeutic and diagnostic results</li> </ul> <p>Notification:</p> <ul style="list-style-type: none"> <li>• Determination based on proven uses for medications, FDA-approved indications and published peer-reviewed medical literature</li> </ul>
<b>Preferred product</b>	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
<b>Site of care</b>	<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"> <li>• Directs health care professionals to the most appropriate site of care using clinical evidence and medical necessity criteria</li> <li>• Provides a short-term grace period to prevent disruption of treatment while the care is transitioned to the alternative site of care</li> <li>• Coordinates transitioning the member to a new site of care</li> </ul>

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