

# 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 name	Therapeutic class	J/CPT code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
<b>Abecma</b> <sup>®</sup>	Cellular therapy	Q2055	C			
<b>Abraxane</b> <sup>®</sup>	Oncology - injectable	J9264	O			
<b>Actemra</b> <sup>®</sup>	Inflammatory conditions	J3262	C		C	X
<b>Acthar</b> <sup>®</sup> Gel	Endocrine	J0801	C			
<b>Adakveo</b> <sup>®</sup>	Sickle cell disease	J0791	C		C	X
<b>Adcetris</b> <sup>®</sup>	Oncology - injectable	J9042	O			
<b>Aduhelm</b> <sup>®</sup>	Central nervous system agents	J0172	C			
<b>Advate</b> <sup>®</sup>	Hemophilia	J7192	C			
<b>Adynovate</b> <sup>®</sup>	Hemophilia	J7207	C	Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq, Recombinate		
<b>Adzynma</b> <sup>™</sup>	Hematologic	J7171	C		C	X
<b>Afstyla</b> <sup>®</sup>	Hemophilia	J7210	C			
<b>Aldurazyme</b> <sup>®</sup>	Enzyme replacement therapy	J1931	C		C	X
<b>Alhemo</b> <sup>®</sup>	Hemophilia	J3490/ J3590/ C9399	R			

Medication name	Therapeutic class	J/CPT code	Prior authorization			Medication sourcing required
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<b>Alimta®</b>	Oncology - injectable	J9305	O			
<b>Aliqopa®</b>	Oncology - injectable	J9057	O			
<b>Alphanate®</b>	Hemophilia	J7186	C			
<b>AlphaNine® SD</b>	Hemophilia	J7193	C			
<b>Alprolix®</b>	Hemophilia	J7201	C			
<b>Altuviio®</b>	Hemophilia	J7214	C			
<b>Alyglo™</b>	Immune globulin	J1552	C	Bivigam, Cuvitru, Cutaquig, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen, Xembify  This product may be excluded for some ASO and FI plans in select states.	C	X
<b>Almysys®</b>	Oncology - injectable	Q5126	O	Mvasi		
<b>Amondys 45®</b>	Central nervous system agents	J1426	C		C	X
<b>Amtagvi™</b>	Cellular therapy	J3490/ J3590/ C9399	C			
<b>Amvuttra®</b>	Central nervous system agents	J0225	C		C	X
<b>Aprepitant</b>	Oncology - injectable	J0185	O	Emend®		
<b>Aralast® NP</b>	Alpha 1-proteinase inhibitors	J0256	C		C	X
<b>Arranon®</b>	Oncology - injectable	J9261	O			
<b>Arzerra®</b>	Oncology - injectable	J9302	O			
<b>Asceniv™</b>	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
<b>Asparlas®</b>	Oncology - injectable	J9118	O			
<b>Avastin®</b>	Oncology - injectable	J9035	O	Mvasi		

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<b>Avsola<sup>®</sup></b>	Inflammatory conditions	Q5121	C		C	X
<b>Bavencio<sup>®</sup></b>	Oncology - injectable	J9023	O			
<b>Beleodaq<sup>®</sup></b>	Oncology - injectable	J9032	O			
<b>Belrapzo<sup>®</sup></b>	Oncology - injectable	J9036	O			
<b>Bendamustine</b>	Oncology - injectable	J9056	O			
<b>Bendeka<sup>®</sup></b>	Oncology - injectable	J9034	O			
<b>BeneFIX<sup>®</sup></b>	Hemophilia	J7195	C			
<b>Benlysta<sup>®</sup></b>	Immune modulator	J0490	C		C	X
<b>Beovu<sup>®</sup></b>	Ophthalmologic VEGF inhibitors	J0179	C	Avastin, Cimerli <sup>®</sup> , Eylea, Eylea <sup>®</sup> HD, Lucentis <sup>®</sup> , Vabysmo <sup>®</sup>  This product may be excluded for some ASO and FI plans in select states.		X
<b>Beqvez<sup>™</sup></b>	Gene therapy	J1414	C			X
<b>Berinert<sup>®</sup></b>	Hematologic	J0597	C	Ruconest		
<b>Besponsa<sup>®</sup></b>	Oncology - injectable	J9229	O			
<b>BiCNU<sup>®</sup></b>	Oncology - injectable	J9050	O			
<b>Bivigam<sup>®</sup></b>	Immune globulin	J1556	C		C	X
<b>Blenrep</b>	Oncology - injectable	J9037	O			
<b>Bleomycin</b>	Oncology - injectable	J9040	O			
<b>Blincyto<sup>®</sup></b>	Oncology - injectable	J9039	O			
<b>Breyanzi<sup>®</sup></b>	Cellular therapy	Q2054	C			
<b>Brineura<sup>®</sup></b>	Enzyme replacement therapy	J0567	C			X
<b>Briumvi<sup>®</sup></b>	Multiple sclerosis	J2329	C		C	X
<b>Busulfan</b>	Oncology - injectable	J0594	O			
<b>Byooviz<sup>™</sup></b>	Ophthalmologic VEGF inhibitors	Q5124	C	Avastin, Cimerli, Eylea, Eylea HD, Lucentis, Vabysmo  This product may be excluded for some ASO and FI plans in select states.		X
<b>Camcevi<sup>®</sup></b>	Gonadotropin-releasing hormone analogs/ oncology - injectable	J1952	O			
<b>Carboplatin</b>	Oncology - injectable	J9045	O			
<b>Carmustine</b>	Oncology - injectable	J9052	O			

Medication name	Therapeutic class	J/CPT <sup>®</sup> code	Prior authorization			Medication sourcing required
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<b>Carvykti<sup>®</sup></b>	Cellular therapy	Q2056	C			
<b>Casgevy<sup>™</sup></b>	Gene therapy	J3392	C			
<b>Cerezyme<sup>®</sup></b>	Enzyme deficiency (Gaucher disease)	J1786	C	VPRIV	C	X
<b>Cimzia<sup>®</sup></b>	Inflammatory conditions	J0717	C		C	X
<b>Cinqair<sup>®</sup></b>	Asthma	J2786	C	Fasenra, Nucala	C	X
<b>Cinryze<sup>®</sup></b>	Hematologic	J0598	C			
<b>Cipla leuprolide</b>	Gonadotropin-releasing hormone analogs/ oncology - injectable	J1954	O			
<b>Cisplatin</b>	Oncology - injectable	J9060	O			
<b>Cladribine</b>	Oncology - injectable	J9065	O			
<b>Clofarabine</b>	Oncology - injectable	J9027	O			
<b>Coagadex<sup>®</sup></b>	Hemophilia	J7175	C			
<b>Columvi<sup>™</sup></b>	Oncology - injectable	J9286	O			
<b>Corifact<sup>®</sup></b>	Hemophilia	J7180	C			
<b>Cortrophin<sup>®</sup> Gel</b>	Endocrine	J0802	C			
<b>Cosela<sup>®</sup></b>	Oncology - injectable	J1448	O			
<b>Cosentyx<sup>®</sup> IV</b>	Inflammatory conditions	J3247	C	Cosentyx SC (pharmacy benefit)	C	X
<b>Cosmegen<sup>®</sup></b>	Oncology - injectable	J9120	O			
<b>Crysvita<sup>®</sup></b>	Endocrine	J0584	C		C	X
<b>Cutaquig<sup>®</sup></b>	Immune globulin	J1551	C		C	X
<b>Cuvitru<sup>®</sup></b>	Immune globulin	J1555	C		C	X
<b>Cyclophosphamide</b>	Oncology - injectable	J9071/ J9072/ J9073/ J9074/ J9075	O			
<b>Cyamza<sup>®</sup></b>	Oncology - injectable	J9308	O			
<b>Cytarabine</b>	Oncology - injectable	J9100	O			
<b>Dacarbazine</b>	Oncology - injectable	J9130	O			
<b>Danyelza<sup>®</sup></b>	Oncology - injectable	J9348	O			
<b>Darzalex<sup>®</sup></b>	Oncology - injectable	J9145	O			
<b>Darzalex Faspro<sup>®</sup></b>	Oncology - injectable	J9144	O			
<b>Daunorubicin</b>	Oncology - injectable	J9150	O			
<b>Dexrazoxane</b>	Oncology - injectable	J1190	O			

Medication name	Therapeutic class	J/CPT <sup>®</sup> code	Prior authorization			Medication sourcing required
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<b>Docetaxel</b>	Oncology - injectable	J9171/ J9172	O			
<b>Doxil<sup>®</sup></b>	Oncology - injectable	Q2050	O			
<b>Doxorubicin</b>	Oncology - injectable	J9000	O			
<b>Elahere<sup>™</sup></b>	Oncology - injectable	J9063	O			
<b>Elaprase<sup>®</sup></b>	Enzyme replacement therapy	J1743	C		C	X
<b>Elelyso<sup>®</sup></b>	Enzyme deficiency (Gaucher disease)	J3060	C	VPRIV	C	X
<b>Elevidys</b>	Gene therapy	J1413	C			X
<b>Elfabrio<sup>®</sup></b>	Enzyme replacement therapy	J2508	C	Fabrazyme This product may be excluded for some ASO and FI plans in select states.	C	X
<b>Eligard<sup>®</sup></b>	Gonadotropin-releasing hormone analogs/ oncology - injectable	J9217	O			
<b>Epirubicin</b>	Oncology - injectable	J9178	O			
<b>Eloctate<sup>®</sup></b>	Hemophilia	J7205	C			
<b>Elrexio<sup>™</sup></b>	Oncology - injectable	J1323	O	Tecvayli		
<b>Elzonris<sup>®</sup></b>	Oncology - injectable	J9269	O			
<b>Empliciti<sup>®</sup></b>	Oncology - injectable	J9176	O			
<b>Enhertu<sup>®</sup></b>	Oncology - injectable	J9358	O			
<b>Enjaymo<sup>®</sup></b>	Blood-modifying agent	J1302	C		C	X
<b>Entyvio<sup>®</sup></b>	Inflammatory conditions	J3380	C		C	X
<b>Epkinly<sup>™</sup></b>	Oncology - injectable	J9321	O			
<b>Epogen<sup>®</sup></b>	Erythropoiesis-stimulating agents	J0885	C/O	Retacrit <sup>®</sup>		
<b>Erbitux<sup>®</sup></b>	Oncology - injectable	J9055	O			
<b>Erwinaze<sup>®</sup></b>	Oncology - injectable	J9019	O			
<b>Esperoct<sup>®</sup></b>	Hemophilia	J7204	C	Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq, Recombinate		
<b>Etoposide</b>	Oncology - injectable	J9181	O			
<b>Evkeeza<sup>®</sup></b>	Rare conditions	J1305	C		C	X
<b>Evomela<sup>®</sup></b>	Oncology - injectable	J9246	O			
<b>Exondys 51</b>	Central nervous system agents	J1428	C		C	X

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Fabrazyme <sup>®</sup>	Enzyme replacement therapy	J0180	C		C	X
Fasenra <sup>®</sup>	Asthma	J0517	C		C	X
Feiba NF	Hemophilia	J7198	C			
Feraheme <sup>®</sup>	Anemia	Q0138	C	Venofer <sup>®</sup> , Ferrlecit <sup>®</sup> , INFeD <sup>®</sup>		
Fibryga <sup>®</sup>	Hemophilia	J7177	C			
Firmagon <sup>®</sup>	Gonadotropin-releasing hormone analogs/ oncology - injectable	J9155	O			
Flebogamma <sup>®</sup> DIF	Immune globulin	J1572	C		C	
Floxuridine	Oncology - injectable	J9200	O			
Fludarabine	Oncology - injectable	J9185	O			
Fluorouracil	Oncology - injectable	J9190	O			
Focinvez <sup>™</sup>	Oncology - injectable	J1434	O	Emend <sup>®</sup>		
Foloty <sup>®</sup>	Oncology - injectable	J9307	O			
Fosaprepitant	Oncology - injectable	J1453/ J1456	O			
Fosnetupitant and palonosetron	Oncology - injectable	J1454	O	Emend		
Fulphila <sup>®</sup>	Neutropenia/oncology - injectable	Q5108	C/O	Udenyca, Neulasta		
Fulvestrant	Oncology - injectable	J9394/ J9395	O			
Fyarro <sup>®</sup>	Oncology - injectable	J9331	O			
Fylnetra <sup>®</sup>	Neutropenia/oncology - injectable	Q5130	C/O	Udenyca, Neulasta		
Gamifant <sup>®</sup>	Immune modulator/ oncology - injectable	J9210	C/O			X
Gammagard <sup>®</sup>	Immune globulin	J1569	C		C	X
Gammagard <sup>®</sup> S/D	Immune globulin	J1566	C		C	X
Gammaked <sup>™</sup>	Immune globulin	J1561	C		C	X
Gammaplex <sup>®</sup>	Immune globulin	J1557	C		C	X
Gamunex <sup>®</sup> -C	Immune globulin	J1561	C		C	X
Gazyva <sup>®</sup>	Oncology - injectable	J9301	O			
Gel-One <sup>®</sup>	Sodium hyaluronate	J7326	C	Euflexxa <sup>®</sup> , Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		

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<b>Gemcitabine</b>	Oncology - injectable	J9201	O			
<b>GenVisc<sup>®</sup> 850</b>	Sodium hyaluronate	J7320	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
<b>Givlaari<sup>®</sup></b>	Blood modifying agents	J0223	C		C	X
<b>Glassia<sup>™</sup></b>	Alpha 1-proteinase inhibitors	J0257	C		C	X
<b>Granisetron ER</b>	Oncology - injectable	J1627	O	Palonosetron		
<b>Granix<sup>®</sup></b>	Neutropenia/oncology - injectable	J1447	C/O	Zarxio		
<b>Halaven<sup>®</sup></b>	Oncology - injectable	J9179	O			
<b>Hemgenix<sup>®</sup></b>	Gene therapy	J1411	C			X
<b>Hemlibra<sup>®</sup></b>	Hemophilia	J7170	C			
<b>Hemofil M<sup>®</sup></b>	Hemophilia	J7190	C			
<b>Herceptin<sup>®</sup></b>	Oncology - injectable	J9355	O	Kanjinti, Ogivri, Trazimera		
<b>Herceptin Hylecta<sup>™</sup></b>	Oncology - injectable	J3956	O	Kanjinti, Ogivri, Trazimera		
<b>Hercessi<sup>™</sup></b>	Oncology - injectable	Q5146	O	Kanjinti, Ogivri, Trazimera		
<b>Herzuma<sup>®</sup></b>	Oncology - injectable	Q5113	O	Kanjinti, Ogivri, Trazimera		
<b>Hizentra<sup>®</sup></b>	Immune globulin	J1559	C		C	X
<b>Hospira<sup>™</sup> Bortezomib</b>	Oncology - injectable	J9049	O			
<b>Humate-P<sup>®</sup></b>	Hemophilia	J7187	C			
<b>Hyalgan<sup>®</sup></b>	Sodium hyaluronate	J7321	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
<b>Hycamtin<sup>®</sup></b>	Oncology - injectable	J9351	O			
<b>Hymovis<sup>®</sup></b>	Sodium hyaluronate	J7322	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
<b>Hypavzi<sup>™</sup></b>	Hemophilia	J3490/ J3590/ C9399	R			

Medication name	Therapeutic class	J/CPT <sup>®</sup> code	Prior authorization			Medication sourcing required
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HyQvia <sup>®</sup>	Immune globulin	J1575	C		C	X
Idarubicin	Oncology - injectable	J9211	O			
Idelvion <sup>®</sup>	Hemophilia	J7202	C			
Ifosfamide	Oncology - injectable	J9208	O			
Ilaris <sup>®</sup>	Immune modulator	J0638	C		C	X
Ilumya <sup>®</sup>	Inflammatory conditions	J3245	C	Preferred adalimumab products, Cimzia, Cosentyx, Enbrel, Skyrizi, Sotyktu, Stelara, Tremfya	C	X
Imfinzi <sup>®</sup>	Oncology - injectable	J9173	O			
Imjudo <sup>®</sup>	Oncology - injectable	J9347	O			
Imlygic <sup>®</sup>	Oncology - injectable	J9325	O			
Inflectra <sup>®</sup>	Inflammatory conditions	Q5103	C		C	X
Infugem <sup>™</sup>	Oncology - injectable	J9198	O			
Injectafer <sup>®</sup>	Anemia	J1439	C	Venofer, Ferrlecit, INFED		
Irinotecan	Oncology - injectable	J9206	O			
Istodax <sup>®</sup>	Oncology - injectable	J9319	O			
Ixempra <sup>®</sup>	Oncology - injectable	J9207	O			
Ixinity <sup>®</sup>	Hemophilia	J7213	C	AlphaNine SD, Mononine, Profilnine SD		
Izervay <sup>™</sup>	Complement inhibitor - ophthalmologic use	J2782	C			X
Jelmyto <sup>®</sup>	Oncology - injectable	J9281	O			
Jemperli	Oncology - injectable	J9272	O			
Jevtana <sup>®</sup>	Oncology - injectable	J9043	O			
Jivi <sup>®</sup>	Hemophilia	J7208	C			
Jubbonti <sup>®</sup>	Osteoporosis	Q5136	R			
Kadcyla <sup>®</sup>	Oncology - injectable	J9354	O			
Kalbitor <sup>®</sup>	Hematologic	J1290	C			
Kanjinti <sup>®</sup>	Oncology - injectable	Q5117	O			
Kanuma <sup>®</sup>	Enzyme replacement therapy	J2840	C		C	X
Keytruda <sup>®</sup>	Oncology - injectable	J9271	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Khapzory <sup>™</sup>	Oncology - injectable	J0642	O			
Kimmtrak <sup>®</sup>	Oncology - injectable	J9274	O			
Kisunla <sup>™</sup>	Central nervous system agents	J0175	C			X



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Koate <sup>®</sup>	Hemophilia	J7190	C			
Kogenate <sup>®</sup> FS	Hemophilia	J7192	C			
Korsuva <sup>™</sup>	End-stage renal disease	J0879	C			
Kovaltry <sup>®</sup>	Hemophilia	J7211	C			
Krystexxa <sup>®</sup>	Endocrine	J2507	C			X
Kymriah <sup>®</sup>	Cellular therapy	Q2042	C			
Kyprolis <sup>®</sup>	Oncology - injectable	J9047	O			
Lamzed <sup>®</sup>	Enzyme replacement therapy	J0217	C		C	X
Lanreotide	Endocrine	J1932	C/O	Somatuline <sup>®</sup> Depot		
Lantidra <sup>™</sup>	Cellular therapy	J3490/ J3590/ C9399	C			
Lartruvo <sup>™</sup>	Oncology - injectable	J9285	O			
Lemtrada <sup>®</sup>	Multiple sclerosis	J0202	C			X
Lenmeldy <sup>™</sup>	Gene therapy	J3490/ J3590/ C9399	C			
Leqembi <sup>™</sup>	Central nervous system agents	J0174	C			X
Leqvio <sup>®</sup>	Cardiology	J1306	C			X
Leucovorin	Oncology - injectable	J0640	O			
Leukine <sup>®</sup>	Oncology - injectable	J2820	O			
Leuprolide	Gonadotropin-releasing hormone analogs/ oncology - injectable	J9218	O			
Levoleucovorin	Oncology - injectable	J0641/ J0642	O	Leucovorin		
Libtayo <sup>®</sup>	Oncology - injectable	J9119	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Loqtorzi <sup>™</sup>	Oncology - injectable	J3263	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Lumizyme <sup>®</sup>	Enzyme replacement therapy	J0221	C		C	X
Lumoxiti <sup>®</sup>	Oncology - injectable	J9313	O			
Lunsumio <sup>™</sup>	Oncology - injectable	J9350	O			
Lupron Depot <sup>®</sup> (3.75 mg)	Gonadotropin-releasing hormone analogs/ oncology - injectable	J1950	O	Eligard, Lupron Depot 75 mg (J9217), Cipla leuprolide (J1954)		

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<b>Lupron Depot<sup>®</sup></b> (7.5 mg)	Gonadotropin-releasing hormone analogs/ oncology - injectable	J9217	O			
<b>Luxturna<sup>®</sup></b>	Gene therapy	J3398	C			X
<b>Lyfgenia<sup>™</sup></b>	Gene therapy	J3394	C			
<b>Margenza<sup>®</sup></b>	Oncology - injectable	J9353	O			
<b>Marqibo<sup>®</sup></b>	Oncology - injectable	J9371	O			
<b>Melphalan</b>	Oncology - injectable	J9245/ J9246/ J9248/ J9249	O			
<b>Mepsevii<sup>®</sup></b>	Enzyme replacement therapy	J3397	C		C	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<sup>®</sup></b>	Oncology - injectable	J9349	O			
<b>MonoFerric<sup>®</sup></b>	Anemia	J1437	C	Venofer, Ferrlecit, INFED		
<b>Mononine<sup>®</sup></b>	Hemophilia	J7193	C			
<b>Monovisc<sup>®</sup></b>	Sodium hyaluronate	J7327	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
<b>Mvasi<sup>®</sup></b>	Oncology - injectable	Q5107	O			
<b>Mylotarg<sup>™</sup></b>	Oncology - injectable	J9203	O			
<b>Naglazyme<sup>®</sup></b>	Enzyme replacement therapy	J1458	C		C	X
<b>Neulasta<sup>®</sup></b>	Neutropenia/oncology - injectable	J2506	C/O			
<b>Neupogen<sup>®</sup></b>	Neutropenia/oncology - injectable	J1442	C/O	Zarxio		
<b>Nexviazyme<sup>®</sup></b>	Enzyme replacement therapy	J0219	C		C	X
<b>Niktimvo<sup>™</sup></b>	Hematologic	J3490/ J3590/ C9399	R			
<b>Nipent<sup>™</sup></b>	Oncology - injectable	J9268	O			

Medication name	Therapeutic class	J/CPT code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
<b>Nivestym®</b>	Neutropenia/oncology - injectable	Q5110	C/O	Zarxio		
<b>Novoeight®</b>	Hemophilia	J7182	C			
<b>NovoSeven® RT</b>	Hemophilia	J7189	C			
<b>Nucala</b>	Asthma	J2182	C		C	X
<b>Nulibry®</b>	Enzyme replacement therapy	J3490/ J3590/ C9399	C		C	X
<b>Nuwiq®</b>	Hemophilia	J7209	C			
<b>Nyvepria™</b>	Neutropenia/oncology - injectable	Q5122	O	Udenyca, Neulasta		
<b>Obizur™</b>	Hemophilia	J7188	C			
<b>Ocrevus®</b>	Multiple sclerosis	J2350	C		C	X
<b>Ocrevus Zunovo™</b>	Multiple sclerosis	J3490/ J3590/ C9399	C		C	X
<b>Octagam®</b>	Immune globulin	J1568	C		C	X
<b>Ogivri®</b>	Oncology - injectable	Q5114	O			
<b>OmvoH™ IV</b>	Inflammatory conditions	J2267	C		C	X
<b>Oncaspar®</b>	Oncology - injectable	J9266	O			
<b>Onivyde®</b>	Oncology - injectable	J9205	O	Irinotecan		
<b>Onpattro®</b>	Central nervous system agents	J0222	C		C	X
<b>Ontruzant®</b>	Oncology - injectable	Q5112	O	Kanjinti, Ogivri, Trazimera		
<b>Opdivo®</b>	Oncology - injectable	J9299	O	Reference Oncology Clinical Coverage Medical Drug Policy		
<b>Opdualag™</b>	Oncology - injectable	J9298	O			
<b>Orencia® IV</b>	Inflammatory conditions	J0129	C		C	X
<b>Orthovisc®</b>	Sodium hyaluronate	J7324	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
<b>Oxaliplatin</b>	Oncology - injectable	J9263	O			
<b>Oxlumo®</b>	Endocrine	J0224	C		C	X
<b>Paclitaxel</b>	Oncology - injectable	J9265/ J9267	O			
<b>Padcev®</b>	Oncology - injectable	J9177	O			

Medication name	Therapeutic class	J/CPT <sup>®</sup> code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
<b>Palonosetron</b>	Oncology - injectable	J2468	O			
<b>Panzyga<sup>®</sup></b>	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
<b>Parsabiv<sup>®</sup></b>	Endocrine	J0606	C	Sensipar (pharmacy benefit)		
<b>Pavblu<sup>™</sup></b>	Ophthalmologic VEGF inhibitors	J3490/ J3590/ C9399	R			
<b>Pemetrexed</b>	Oncology - injectable	J9304/ J9294/ J9297/ J9305	O			
<b>Pemfexy<sup>®</sup></b>	Oncology - injectable	J9304	O	Pemetrexed, Alimta		
<b>Pemrydi</b>	Oncology - injectable	J9324	O	Alimta, Pemetrexed		
<b>Perjeta<sup>®</sup></b>	Oncology - injectable	J9306	O			
<b>Phesgo<sup>®</sup></b>	Oncology - injectable	J9316	O			
<b>PiaSky<sup>™</sup></b>	Blood modifying agents	J1307	R			
<b>Polivy<sup>®</sup></b>	Oncology - injectable	J9309	O			
<b>Pombiliti<sup>™</sup></b>	Enzyme replacement therapy	J1203	C		C	X
<b>Poteligeo<sup>®</sup></b>	Oncology - injectable	J9204	O			
<b>Privigen<sup>®</sup></b>	Immune globulin	J1459	C		C	X
<b>Procrit<sup>®</sup></b>	Erythropoiesis-stimulating agents	J0885	C/O	Retacrit		
<b>Profilnine<sup>®</sup></b>	Hemophilia	J7194	C			
<b>Prolastin<sup>®</sup>-C</b>	Alpha 1-proteinase inhibitors	J0256	C		C	X
<b>Proleukin<sup>®</sup></b>	Oncology - injectable	J9015	O			
<b>Provenge<sup>®</sup></b>	Oncology - injectable	Q2043	O			
<b>Pyzchiva<sup>®</sup> SC</b>	Inflammatory conditions	Q9996	R			
<b>Pyzchiva<sup>®</sup> IV</b>	Inflammatory conditions	Q9997	R			
<b>Qalsody<sup>™</sup></b>	Central nervous system agents	J1304	C			X

Medication name	Therapeutic class	J/CPT <sup>™</sup> code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
<b>Radicava</b> <sup>®</sup>	Central nervous system agents	J1301	C	Radicava ORS (pharmacy benefit)	C	X
<b>Rebinyn</b> <sup>®</sup>	Hemophilia	J7203	C	AlphaNine SD, Mononine, Profilnine SD		
<b>Reblozyl</b> <sup>®</sup>	Anemia/oncology - injectable	J0896	C/O			X
<b>Recombinate</b> <sup>™</sup>	Hemophilia	J7192	C			
<b>Releuko</b> <sup>®</sup>	Neutropenia/oncology - injectable	Q5125	C/O	Zarxio		
<b>Remicade</b> <sup>®</sup>	Inflammatory conditions	J1745	C	Avsola, Inflectra	C	X
<b>Renflexis</b> <sup>®</sup>	Inflammatory conditions	Q5104	C	Avsola, Inflectra	C	X
<b>Revcovi</b> <sup>®</sup>	Enzyme replacement therapy	J3590/ C9399	C		C	X
<b>Riabni</b> <sup>™</sup>	Immune modulator	Q5123	C/O	Ruxience, Truxima		
<b>RiaSTAP</b> <sup>®</sup>	Hemophilia	J7178	C			
<b>Rituxan</b> <sup>®</sup>	Immune modulator	J9312	C/O	Ruxience, Truxima		
<b>Rituxan Hycela</b> <sup>®</sup>	Oncology - injectable	J9311	O	Ruxience, Truxima		
<b>Rivfloza</b> <sup>™</sup>	Endocrine	J3490/ J3590/ C9399	C		C	X
<b>Rixubis</b> <sup>™</sup>	Hemophilia	J7200	C			
<b>Roctavian</b> <sup>™</sup>	Gene therapy	J1412	C			X
<b>Rovedon</b> <sup>™</sup>	Neutropenia/oncology injectable	J1449	C/O	Udenyca, Neulasta		
<b>Ruconest</b> <sup>®</sup>	Hematologic	J0596	C			
<b>Ruxience</b> <sup>®</sup>	Immune modulator	Q5119	C/O			
<b>Rybrevant</b> <sup>®</sup>	Oncology - injectable	J9061	O			
<b>Rylaze</b> <sup>®</sup>	Oncology - injectable	J9021	O			
<b>Ryplazim</b> <sup>®</sup>	Rare conditions	J2998	C		C	X
<b>Rystiggo</b> <sup>®</sup>	Central nervous system agents	J9333	C		C	X
<b>Ryzenuta</b> <sup>™</sup>	Oncology - injectable	J9361	O			
<b>Sandimmune</b> <sup>®</sup> , <b>Neoral</b> <sup>®</sup>	Oncology - injectable	J7516	O			
<b>Sandostatin</b> <sup>®</sup>	Oncology - injectable	J2354	O			
<b>Saphnelo</b> <sup>™</sup>	Immune modulator	J0491	C	Benlysta	C	C
<b>Sarclisa</b> <sup>®</sup>	Oncology - injectable	J9227	O			
<b>Scenesse</b> <sup>®</sup>	Dermatology	J7352	C			

Medication name	Therapeutic class	J/CPT <sup>®</sup> code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Selarsdi™	Inflammatory conditions	Q9998	R			
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® IV	Inflammatory conditions	J1747	C			X
Spevego® SC	Inflammatory conditions	J1747	C		C	X
Spinraza®	Central nervous system agents	J2326	C			X
Stelara®	Inflammatory conditions	J3358	C		C	X
Steqeyma®	Inflammatory conditions	J3490/ J3590/ C9399	R			
Stimufend®	Neutropenia/oncology injectable	Q5127	C/O	Udenyca, Neulasta		
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			
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			

Medication name	Therapeutic class	J/CPT <sup>®</sup> code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
<b>Synvisc<sup>®</sup></b>	Sodium hyaluronate	J7325	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
<b>Synvisc-One<sup>®</sup></b>	Sodium hyaluronate	J7325	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
<b>Talvey<sup>™</sup></b>	Oncology - injectable	J3055	O			
<b>Taxotere<sup>®</sup></b>	Oncology - injectable	J9171	O			
<b>Tecartus<sup>®</sup></b>	Cellular therapy	Q2053	C			
<b>Tecelra</b>	Cellular therapy	J3490/ J3590/ C9399	C			
<b>Tecentriq<sup>®</sup></b>	Oncology - injectable	J9022	O	Reference Oncology Clinical Coverage Medical Drug Policy		
<b>Tecvayli<sup>®</sup></b>	Oncology - injectable	J9380	O			
<b>Temodar<sup>®</sup></b>	Oncology - injectable	J9328	O			
<b>Tepezza<sup>®</sup></b>	Endocrine	J3241	C		C	X
<b>Tezspire<sup>®</sup></b>	Asthma	J2356	C		C	X
<b>Thiotepa</b>	Oncology - injectable	J9340	O			
<b>Tivdak<sup>®</sup></b>	Oncology - injectable	J9273	O			
<b>Tofidence<sup>™</sup></b>	Inflammatory conditions	Q5133	R			
<b>Torisel<sup>®</sup></b>	Oncology - injectable	J9330	O			
<b>Trazimera<sup>®</sup></b>	Oncology - injectable	Q5116	O			
<b>Treanda<sup>®</sup></b>	Oncology - injectable	J9033	O			
<b>Tremfya<sup>®</sup> IV</b>	Inflammatory conditions	J1628	C		C	
<b>Tretten<sup>®</sup></b>	Hemophilia	J7181	C			
<b>Triluron<sup>®</sup></b>	Sodium hyaluronate	J7332	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
<b>Trisenox<sup>®</sup></b>	Oncology - injectable	J9017	O			

Medication name	Therapeutic class	J/CPT <sup>®</sup> code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
TriVisc <sup>®</sup>	Sodium hyaluronate	J7329	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Trodelvy <sup>®</sup>	Oncology - injectable	J9317	O			
Truxima <sup>®</sup>	Immune modulator	Q5115	C/O			
Tyenne <sup>®</sup>	Inflammatory conditions	Q5135	R			
Tyruko <sup>®</sup>	Multiple sclerosis	Q5134	R			
Tysabri <sup>®</sup>	Multiple sclerosis	J2323	C			X
Tzield <sup>®</sup>	Immune modulator	J9381	C		C	X
Udenyca <sup>®</sup>	Neutropenia/oncology - injectable	Q5111	C/O			
Ultomiris <sup>®</sup>	Blood modifying agents	J1303	C		C	X
Unituxin <sup>™</sup>	Oncology - injectable	J1246	O			
Uplizna <sup>®</sup>	Immune modulator	J1823	C		C	X
Valstar <sup>®</sup>	Oncology - injectable	J9357	O			
Vectibix <sup>®</sup>	Oncology - injectable	J9303	O			
Vegzelma <sup>®</sup>	Oncology - injectable	Q5129	O	Mvasi		
Velcade <sup>®</sup>	Oncology - injectable	J9041	O			
Veopoz <sup>™</sup>	Blood modifying agents	J9376	C		C	X
Vidaza <sup>®</sup>	Oncology - injectable	J9025	O			
Viltepso <sup>®</sup>	Central nervous system agents	J1427	C		C	X
Vimizim <sup>®</sup>	Enzyme replacement therapy	J1322	C		C	X
Vinblastine	Oncology - injectable	J9360	O			
Vincristine	Oncology - injectable	J9370	O			
Vinorelbine	Oncology - injectable	J9390	O			
Visco-3 <sup>™</sup>	Sodium hyaluronate	J7321	C	Euflexxa, Durolane, Gelsyn-3 This product may be excluded for some ASO and FI plans in select states.		
Vivimusta <sup>™</sup>	Oncology - injectable	J9056	O			
Vonvendi <sup>®</sup>	Hemophilia	J7179	C			
VPRIV <sup>®</sup>	Enzyme deficiency (Gaucher disease)	J3385	C		C	X



Medication name	Therapeutic class	J/CPT <sup>®</sup> code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Vyepti <sup>®</sup>	Central nervous system agents	J3032	C	Aimovig, Emgality, Nurtec ODT, Qulipta (pharmacy benefit)	C	X
Vyjuvek <sup>™</sup>	Gene therapy	J3401	C		C	X
Vyondys 53 <sup>™</sup>	Central nervous system agents	J1429	C		C	X
Vyvgart <sup>®</sup>	Central nervous system agents	J9332	C		C	X
Vyvgart <sup>®</sup> Hytrulo	Central nervous system agents	J9334	C		C	X
Vyxeos <sup>®</sup>	Oncology - injectable	J9153	O			
Wezlana <sup>™</sup> IV	Inflammatory conditions	Q5168	R			
Wezlana <sup>™</sup> SC	Inflammatory conditions	Q5167	R			
Wilate <sup>®</sup>	Hemophilia	J7183	C			
Wyost <sup>®</sup>	Oncology - injectable	Q5136	R			
Xembify <sup>®</sup>	Immune globulin	J1558	C		C	X
Xenpozyme <sup>®</sup>	Enzyme replacement therapy	J0218	C		C	X
Xgeva <sup>®</sup>	Oncology - injectable	J0897	O	ibandronate, alendronate, zoledronic acid injection		
Xiaflex <sup>®</sup>	Collagenase	J0775	C			X
Xolair <sup>®</sup>	Asthma	J2357	C		C	X
Xyntha <sup>®</sup>	Hemophilia	J7185	C	Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq, Recombinate		
Yervoy <sup>®</sup>	Oncology - injectable	J9228	O	Reference Oncology Clinical Coverage Medical Drug Policy		
Yescarta <sup>®</sup>	Cellular therapy	Q2041	C			
Yestinek <sup>™</sup>	Inflammatory conditions	J3490/ J3590/ C9399	R			
Yimmugo	Immune globulin	J3490/ J3590/ C9399	R			
Yondelis <sup>®</sup>	Oncology - injectable	J9352	O			
Zaltrap <sup>®</sup>	Oncology - injectable	J9400	O			
Zanosar <sup>®</sup>	Oncology - injectable	J9320	O			
Zarxio <sup>®</sup>	Neutropenia/oncology - injectable	Q5101	C/O			

Medication name	Therapeutic class	J/CPT <sup>®</sup> code	Prior authorization			Medication sourcing required
			Medical necessity/ notification	Preferred product(s) required	Site of care required	
Zemaira <sup>®</sup>	Alpha 1-proteinase inhibitors	J0256	C		C	X
Zepzelca <sup>®</sup>	Oncology - injectable	J9223	O			
Ziextenzo <sup>®</sup>	Neutropenia/oncology - injectable	Q5120	C/O	Udenyca, Neulasta		X
Zirabev <sup>®</sup>	Oncology - injectable	Q5118	O	Mvasi		
Zoledronic acid	Oncology - injectable	J3489	O			
Zolgensma <sup>®</sup>	Gene therapy	J3399	C			X
Zynlonta <sup>®</sup>	Oncology - injectable	J9359	O			
Zynteglo <sup>™</sup>	Cellular therapy	J3393	C			

### 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>Medical necessity/ notification</b>	<p>Medical necessity is about clinical effectiveness and consists of the following:</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. The UnitedHealthcare clinical review staff leverages various evidence-based, industry-recognized resources and guidelines, such as InterQual<sup>®</sup></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 at least as 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>Medication sourcing</b>	Network health care professionals are required to source certain specialty medications through contracted specialty pharmacies.
<b>Preferred product</b>	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.

**Medical benefit clinical program drug list – definitions**

<b>Clinical and utilization management strategy</b>	<b>Definition</b>
<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>Site of care</b>	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: <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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