



## Medical benefit specialty medication update bulletin – July 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>Encelto™</b> (revakinagene taroretcel-lwey)	J3490/J3590/C9399	X	X		X
<b>Stoboclo®</b> (denosumab-bmwo) <i>Biosimilar to Prolia®</i>	J3490/J3590/C9399	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) Medical Policy*. To view the policy, visit [UHCprovider.com](https://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 Medical Policy* > Supporting Information > **Other Examples of Specific Drugs/Medications.**

To view the **UnitedHealthcare Individual & Family Plan** Review at Launch Medication List, visit [UHCprovider.com](https://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 – Effective Oct. 01, 2025						
Medication Name	HCPCs Code(s)	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Individual & Family	Summary of Changes
<b>Alhemo<sup>®</sup></b> (concizumab-mtci)	J3490/J3590/C9399		X			<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>
<b>Azmiro<sup>™</sup></b> (testosterone cypionate)	J1072		X			<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>
<b>Bkemv<sup>™</sup></b> (eculizumab-aeab) <i>Biosimilar to Soliris<sup>®</sup></i>	Q5152		X	X		<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>For Community Plans in NE, NJ, RI and TX, add to site of care</li> </ul>
<b>Encelto</b> (revakinagene taroretsel-lwey)	J3490/J3590/C9399	X	X	X	X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>
<b>Epysqli<sup>®</sup></b> (eculizumab-aagh) <i>Biosimilar to Soliris</i>	Q5151		X	X		<ul style="list-style-type: none"> <li>Add prior authorization/ notification</li> <li>For Community Plans in NE, NJ, RI and TX, add to site of care</li> </ul>
<b>Imuldosa<sup>™</sup></b> (ustekinumab-srlf) <i>Biosimilar to Stelara<sup>®</sup></i>	Q5098		X			<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>
<b>Jubbonti<sup>®</sup></b> (denosumab-bbdz) <i>Biosimilar to Prolia</i>	Q5136		X	X		<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>
<b>Lutrate<sup>®</sup> Depot</b> (leuprolide acetate for depot suspension)	J1954		X			<ul style="list-style-type: none"> <li>Add prior authorization/notification for non-oncology indications</li> </ul>
<b>Nypozi<sup>™</sup></b> (filgrastim-txid)	Q5148	X			X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>



<i>Biosimilar to Neupogen®</i>						<ul style="list-style-type: none"> <li>Add as a non-preferred product: members must step through Nivestym™ or Zarxio™ prior to coverage for Nypozi</li> </ul>
<b>Qfitlia™</b> (fitusiran)	J3490/J3590/C9399	X	X		X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>
<b>Wyost®</b> (denosumab-bbdz) <i>Biosimilar to Xgeva®</i>	Q5136		X	X		<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>
<b>Zevaskyn™</b> (prademagene zamikeracel)	J3490/J3590/C9399	X	X	X	X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>Will be managed by Optum Transplant</li> </ul>

UnitedHealthcare will honor all approved prior authorizations/notifications on file until the earlier of the end date on the authorization/notification or the date the member's eligibility changes. Upon prior authorization/notification renewal, the updated policy will apply.

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/notification is required. This exception does not apply to Medicaid and Medicare.

### Specialty medical injectable medications added to Medication Sourcing for Outpatient Hospital Providers Only – UnitedHealthcare Commercial – Effective October 01, 2025

Medication Name	HCPCs Code(s)	Specialty Pharmacy
<b>Encelto</b> (revakinagene taroretsel-lwey)	J3490/J3590/C9399	Orsini Pharmaceutical Services



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.

