



Medical benefit specialty medication update bulletin – October 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
Avtozma[®] (tocilizumab-anoh) <i>Biosimilar to Actemra[®]</i>	Q5156	X	X		X
Conexxence[®] (denosumab-bnht) <i>Biosimilar to Prolia[®]</i>	Q5158	X		X	
Papzimeos[®] (zopapogene imadenovec-drba)	J3490/J3590/C9399	X	X		X
Ospomyv[®] (denosumab-dssb) <i>Biosimilar to Prolia</i>	Q5159	X	X		X
Yesafili[®] (afibercept-jbvf) <i>Biosimilar to Eylea[®]</i>	Q5155	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 > 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 > 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 > Coverage and Payments > Policies and protocols > For Medicare Advantage Plans > Medical Policies for Medicare Advantage Plans > *Medications/Drugs (Outpatient/Part B) 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 > 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](#).

Specialty medical injectable medications added to Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs – UnitedHealthcare Commercial – Effective January 1, 2026

Excluded Medication	HCPCs Code(s)	Therapeutic Class	Other Options
Azmiro[®] (testosterone cypionate)	J1072	Endocrine	generic testosterone cypionate, brand Depo [®] - Testosterone
Daxxify[®] (daxibotulinumtoxinA-lanm)	J0589	Botulinum toxins A and B	Dysport [®] , Xeomin [®] , Botox [®]
Jubbonti[®] (denosumab-bbdz) <i>Biosimilar to Prolia</i>	Q5136	Osteoporosis	Prolia, Stoboclo [®]



Updates to medication program requirements and drug policies – Effective January 1, 2026

Medication Name	HCPCs Code(s)	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Individual & Family	Summary of Changes
Alhemo® (concizumab-mtci)	J7173	X			X	<ul style="list-style-type: none"> Add prior authorization/notification
Azmiro (testosterone cypionate)	J1072	X			X	<ul style="list-style-type: none"> Add prior authorization/notification For Commercial plan members with benefit plans that do not allow exclusion from coverage: <ul style="list-style-type: none"> Add prior authorization/notification Add to Site of Care Add as non-preferred products; members must step through generic testosterone cypionate or brand Depo-Testosterone prior to coverage
Daxxify (daxibotulinumtoxinA-lanm)	J0589	X			X	<ul style="list-style-type: none"> Add prior authorization/notification For Commercial plan members with benefit plans that do not allow exclusion from coverage: <ul style="list-style-type: none"> Add prior authorization/notification Add as a non-preferred product; members must step through Dysport, Xeomin and Botox prior to coverage
Fasenra® (benralizumab)	J0517			X		<ul style="list-style-type: none"> Add prior authorization/notification
Kebilidi™ (eladocagene exuparvovec-tneq)	J3490/J3590 /C9399	X	X	X	X	<ul style="list-style-type: none"> Add prior authorization/notification Managed by Optum Transplant



						<ul style="list-style-type: none"> For Commercial plans - part of the Cell, Gene & Molecular Centers of Excellence
Myobloc® (rimabotulinumtoxinB)	J0587	X			X	<ul style="list-style-type: none"> Add prior authorization/notification For Commercial plans add as non-preferred product <ul style="list-style-type: none"> Members must step through Dysport, Xeomin, or Botox prior to coverage
Neulasta® (pegfilgrastim)	J2506			X		<ul style="list-style-type: none"> Add prior authorization/notification for non-oncology indications
Soliris® (eculizumab)	J1299	X			X	<ul style="list-style-type: none"> Will move to a non-preferred product <ul style="list-style-type: none"> Members must step through Bkerv™ and Epysqil® prior to coverage
Stelara® (ustekinumab)	J3358			X		<ul style="list-style-type: none"> Add prior authorization/notification
Susvimo® (ranibizumab)	J2779	X				<ul style="list-style-type: none"> Add prior authorization/notification
Tyruko® (natalizumab-sztn) <i>Biosimilar to Tysabri®</i>	Q5134	X			X	<ul style="list-style-type: none"> For Individual & Family plans add prior authorization/notification For Commercial plans add prior authorization/notification in outpatient hospital place of service Add as non-preferred product <ul style="list-style-type: none"> Members must step through Tysabri prior to coverage
Yimmugo® (immune globulin intravenous, human-dira)	J3490/J3590 /C9399	X	X	X	X	<ul style="list-style-type: none"> Add prior authorization/notification For Commercial and Community plans add to Site of Care For Commercial plans add as non-preferred product <ul style="list-style-type: none"> Members must step through all preferred IVIG products prior to coverage



Zarxio® (filgrastim-sndz) <i>Biosimilar to Neupogen®</i>	Q5101			X		<ul style="list-style-type: none">Add prior authorization/ notification for non-oncology indications
Denosumab products – Biosimilars to Prolia						
Conexence (denosumab-bnht)	Q5158		X	X		<ul style="list-style-type: none">Add prior authorization/notification
Jubbonti (denosumab-bbdz)	Q5136	X			X	<ul style="list-style-type: none">Add prior authorization/notificationFor Individual & Family plans, add as non-preferred product; members must step through Prolia and Stoboclo prior to coverageFor Commercial plan members with benefit plans that do not allow exclusion from coverage:<ul style="list-style-type: none">Add to Site of CareAdd as non-preferred product<ul style="list-style-type: none">Members must step through Prolia and Stoboclo prior to coverage
Stoboclo (denosumab-bmwo)	Q5157		X	X		<ul style="list-style-type: none">Add prior authorization/notification
Denosumab products – Biosimilars to Xgeva®						
Bomyntra® (denosumab-bnht)	Q5158		X	X		<ul style="list-style-type: none">Add prior authorization/notification
Osenvelt® (denosumab-bmwo)	Q5157		X	X		
Eculizumab products – Biosimilars to Soliris						
Bkemv (eculizumab-aeeb)	Q5139	X			X	<ul style="list-style-type: none">Add prior authorization/notificationFor Commercial plans add to Site of Care
Epysqli (eculizumab-aagh)	Q5151	X			X	
Pegfilgrastim products – Biosimilars to Neulasta						



Fulphilia® (pegfilgrastim-jmdb)	Q5108			X		• Add prior authorization/notification for non-oncology indications
Udenyca® (pegfilgrastim-cbqv)	Q5111			X		
Rituximab products – Biosimilars to Rituxan®						
Ruxience® (rituximab-pvvr)	Q5119			X		• Add prior authorization/notification for non-oncology indications
Truxima® (rituximab-abbs)	Q5115			X		
Tocilizumab products – Biosimilars to Actemra						
Avtozma (tocilizumab-anoh)	Q5156		X	X		• Add prior authorization/notification • For Community Plan add Site of Care
Tofidence® (tocilizumab-bavi)	Q5133			X		• Add prior authorization/notification
Tyenne® (tocilizumab-aazg)	Q5135			X		• Add prior authorization/notification
Ustekinumab products – Biosimilars to Stelara						
Imuldosa® (ustekinumab-srlf)	Q5098	X		X	X	• Add prior authorization/notification • For Commercial plans – Imuldosa and Starjemza: <ul style="list-style-type: none">○ Add Site of Care○ Add as non-preferred products<ul style="list-style-type: none">▪ Members must step through Steqeyma or Yesintek prior to coverage
Otulfi® (ustekinumab-aaaz)	Q9999			X		
Pyzchiva® (ustekinumab-ttwe)	Q9997			X		
Selarsdi™ (ustekinumab-aekn)	Q9998			X		
Starjemza™ (ustekinumab-hmny)	J3490/J3590 /C9399	X	X	X	X	
Steqeyma® (ustekinumab-stba)	Q5099			X		
Wezlana® (ustekinumab-auub)	Q5138			X		



Yesintek® (ustekinumab-kfce)	Q5100			X		
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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 January 1, 2026		
Medication Name	HCPs Code(s)	Specialty Pharmacy
Azmiro (testosterone cypionate)	J1072	TBD
Bkemv (eculizumab-aeeb)	Q5152	TBD
Epysqli (eculizumab-aagh)	Q5151	TBD
Susvimo (ranibizumab)	J2779	Caremark (CVS Specialty) Optum Specialty Pharmacy
Jubbonti (denosumab-bbdz)	Q5136	TBD
Myobloc (rimabotulinumtoxinB)	J0587	Amber Specialty Pharmacy Option Care Health
Daxxify (daxibotulinumtoxinA-lanm)	J0589	Optum Specialty Pharmacy
Starjemza (ustekinumab-hmny)	J3490/J3590/C9399	TBD
Imuldosa (ustekinumab-srlf)	Q5098	TBD





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

New and Updated Procedure Codes for Injectable Medications – Effective October 1, 2025

Centers for Medicare & Medicaid Services (CMS) has issued new procedure codes for certain injectable medications effective October 1, 2025. Correct coding rules dictate that assigned and permanent codes should be used when available. The injectable medications listed below will have new codes and may require prior authorization.

Note: Drugs with newly assigned CMS codes may not yet be available in the marketplace.

- **Alhemo**® (concizumab-mtci) – J7173
- **Conexence**® (denosumab-bnht) – Q5158
- **Encelto**™ (revakinagene taroretcel-lwey) – J3403
- **Imaavy**™ (nipocalimab-aahu) – C9305
- **Nulibry**® (fosdenopterin) – J1809
- **Qfitlia**™ (fitusiran) – Q7174
- **Stoboclo**® (denosumab-bmwo) – Q5157

