



# Medical benefit specialty medication update bulletin – July 2026

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>Ranluspec™</b> (ranibizumab-hkdz) <i>Biosimilar to Lucentis®</i>	J3490/J3590/C9399		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) 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.**

Specialty medical injectable medications added to Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs – UnitedHealthcare Commercial – Effective October 1, 2026			
Excluded Medication	HCPCS Code(s)	Therapeutic Class	Other Options
<b>Denosumab products – Prolia® Biosimilars</b>			
<b>Bosaya™</b> (denosumab-kyqq)	Q5161	Osteoporosis	Prolia, Bilyos®, Enoby™ and Stoboclo®
<b>Conexence™</b> (denosumab-bnht)	Q5158		
<b>Ospomyv™</b> (denosumab-dssb)	Q5159		
<b>Exdensur™</b> (depemokimab-ulaa)	J2361	Asthma	Fasenra™ or Nucala® and Tezspire®
<b>Qivigy®</b> (immune globulin intravenous, human-kthm)	J1577	Immune Globulin	Bivigam®, Cutaquig®, Cuvitru®, Flebogamma® DIF, Gammagard® Liquid, Gammagard® S/D, Gammaked™, Gammaplex®, Gamunex®-C, Hizentra®, HyQvia®, Octagam®, Privilgen®, Xembify®
<b>Yimmugo®</b> (immune globulin intravenous, human-dira)	J1553		

Updates to medication program requirements and drug policies – Effective October 1, 2026						
Medication Name	HCPCS Code(s)	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Individual & Family	Summary of Changes
<b>Avlayah™</b> (tividenofusp alfa-eknm)	J3490/J3590/ C9399	X	X		X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>For Commercial and Individual &amp; Family plans - add prior authorization/notification in Outpatient Hospital place of service only</li> </ul>
<b>Bosaya</b> (denosumab-kyqq)	Q5161	X	X		X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>



<i>Biosimilar to Prolia</i>						<ul style="list-style-type: none"> <li>For Individual &amp; Family plans and Commercial plans in states where coverage is not excluded: <ul style="list-style-type: none"> <li>Add as a non-preferred product; members must step through Prolia, BILDYOS, ENOBY, and STOBOCLO prior to coverage</li> </ul> </li> </ul>
<b>Conexence</b> (denosumab-bnht) <i>Biosimilar to Prolia</i>	Q5158	X			X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>For Individual &amp; Family plans and Commercial plans in states where coverage is not excluded: <ul style="list-style-type: none"> <li>Add as a non-preferred product; members must step through Prolia, BILDYOS, ENOBY, and STOBOCLO prior to coverage</li> </ul> </li> </ul>
<b>Enoby</b> (denosumab-qbde) <i>Biosimilar to Prolia</i>	Q5167		X			<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>
<b>Exdensur</b> (depemokimab-ulaa)	J2361	X	X	X	X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>For Individual &amp; Family plans and Commercial plans in states where coverage is not excluded: <ul style="list-style-type: none"> <li>Add as a non-preferred product; members must step through Fasentra or Nucala, and Tezspire prior to coverage</li> </ul> </li> <li>For Commercial plans – add to Site of Care</li> </ul>
<b>Kresladi™</b> (marnetegrane autotemcel)	J3490/J3590/ C9399	X	X	X	X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>Managed by Optum Transplant</li> </ul>
<b>Loargys®</b> (pegzilarginase-nbln)	J3490/J3590/ C9399	X	X		X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>For Commercial and Individual &amp; Family plans – add prior authorization/notification in Outpatient Hospital place of service only</li> </ul>



						<ul style="list-style-type: none"> <li>For Commercial plans - add to Site of Care</li> </ul>
<b>Ospomyv</b> (denosumab-dssb) <i>Biosimilar to Prolia</i>	Q5159	X	X		X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>For Individual &amp; Family plans and Commercial plans in states where coverage is not excluded: <ul style="list-style-type: none"> <li>Add as a non-preferred product; members must step through Prolia, Bilyos, Enoby, and Stoboclo prior to coverage</li> </ul> </li> </ul>
<b>Papzimeos™</b> (zopapogene imadenovec-drba)	J3404		X For Indiana only			<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> </ul>
<b>Qivigy</b> (immune globulin intravenous, human-kthm)	J1577	X	X	X	X	<ul style="list-style-type: none"> <li>Add prior authorization/notification</li> <li>For Individual &amp; Family plans and Commercial plans in states where coverage is not excluded: <ul style="list-style-type: none"> <li>Add as a non-preferred product; members must step through Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard Liquid, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen, and Xembify prior to coverage</li> </ul> </li> <li>For Commercial plans in states where coverage is not excluded - add to Site of Care</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 programs and updates may not be implemented for some providers or commercial members where prohibited by applicable state insurance mandates or regulations. Providers are encouraged to confirm whether prior authorization or other program requirements apply.

**Specialty medical injectable medications added to Medication Sourcing for Outpatient Hospital Providers Only – UnitedHealthcare Commercial – Effective October 1, 2026**



Medication Name	HCPCS Code(s)	Specialty Pharmacy
<b>Avlayah</b> (tividenofusp alfa-eknm)	J3490/J3590/C9399	Orsini Pharmaceutical Services
<b>Bosaya</b> (denosumab-kyqq) <i>Biosimilar to Prolia</i>	Q5161	TBD
<b>Conexence</b> (denosumab-bnht) <i>Biosimilar to Prolia</i>	Q5158	Amber Specialty Pharmacy
<b>Exdensur</b> (depemokimab-ulaa)	J2361	Caremark (CVS Specialty)
<b>Loargys</b> (pegzilarginase-nbln)	J3490/J3590/C9399	Orsini Pharmaceutical Services
<b>Ospomyv</b> (denosumab-dssb) <i>Biosimilar to Prolia</i>	Q5159	TBD
<b>Qivigy</b> (immune globulin intravenous, human-kthm)	J1577	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 July 1, 2026

Centers for Medicare & Medicaid Services (CMS) has issued new procedure codes for certain injectable medications effective July 1, 2026. 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. These changes occur upon renewal - providers do not need to submit new prior authorization requests until the authorization has expired.

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

- **Boncrea**<sup>®</sup> (denosumab-mobz) – Q5171
- **Enoby/Xtrenbo**<sup>™</sup> (denosumab-qbde) – Q5167
- **Eydenzelt**<sup>®</sup> (aflibercept-boav) – Q5170
- **Exdensur** (depemokimab-ulaa) – J2361
- **Itvisma**<sup>®</sup> (onasemnogene abeparvec-brve) – J3405



- **Nufymco**<sup>®</sup> (ranibizumab-leyk) – Q5168
- **Osvyrti**<sup>®</sup>/**Jubereq**<sup>®</sup> (denosumab-desu) – Q5166
- **Qivigy** (immune globulin intravenous, human-kthm) – J1577
- **Starjemza**<sup>®</sup> (ustekinumab-hmny) – Q5164
- **Waskyra**<sup>™</sup> (etuvetidigene autotemcel) – J3386
- **Yartemlea**<sup>®</sup> (narsoplimab-wuug) – J1289

