

Clinical program summary

All medications listed have an associated Medical Drug policy. These drugs are covered under the medical benefit. For more information, go to [UHCprovider.com](https://www.uhcprovider.com) to view [UnitedHealthcare Individual Exchange Medical & Drug Policies and Coverage Determination Guidelines](#).

Legend:

- X = Standard medical necessity
- O = Oncology prior authorization

| Medication name | Therapeutic class | CPT/ HCPCS code | Prior authorization | | |
|--------------------------------|-------------------------------|-----------------------|---------------------------------------|--|--|
| | | | Medical necessity/ notification | Preferred product required Note: For more information, see Preferred Product tile | Site of care required Note: For more information, see the Site of Care tile |
| Abecma [®] | Oncology - Injectable | Q2055 | O | | |
| Abraxane [®] | Oncology - Injectable | J9264 | O | | |
| Actemra [®] | Inflammatory conditions | J3262 | X | | |
| Acthar [®] Gel | Endocrine | J0801 | X | | |
| Adakveo [®] | Sickle cell | J0791 | X | | |
| Adcetris [®] | Oncology - Injectable | J9042 | O | | |
| Aduhelm [®] | Central nervous system agents | J0172 | X | | |
| Adzynma [®] | Enzyme replacement therapy | J7171 | X | | |
| Akynzeo [®] | Oncology - Antiemetic | J1454 | O | | |
| Aldurazyme [®] | Enzyme replacement therapy | J1931 | X | | |

CPT[®] is a registered trademark of the American Medical Association.
 SGP = Core Medical Necessity Requirement (Specialty Guidance Program)
 CGP = Oncology Requirement (Cancer Guidance Program)
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| Alimta® | Oncology - Injectable | J9305 | O | | |
| Aliqopa | Oncology - Injectable | J9057 | O | | |
| Alyglo™ | Immune globulin | J1599 | X | | |
| Alymsys | Oncology - Injectable | Q5126 | O | Preferred product: Mvasi | |
| Amondys-45™ | Central nervous system agents | J1426 | X | | |
| Amtagvi™ | Cellular therapy | J3490/ J3590 | X | | |
| Amvuttra® | Central nervous system agents | J0225 | X | | |
| Apretude™ | HIV | J0739 | X | | |
| Aralast® NP | Alpha1-proteinase inhibitors | J0256 | X | | |
| Arranon® | Oncology - Injectable | J9261 | O | | |
| Arzerra® | Oncology - Injectable | J9302 | O | | |
| Asceniv™ | Immune globulin | J1554 | X | | |
| Asparlas® | Oncology - Injectable | J9118 | X | | |
| Avastin® | Oncology - Injectable | J9035 | X | Preferred product: Mvasi | |
| Avsola® | Inflammatory conditions | Q5121 | X | | |
| Bavencio® | Oncology - Injectable | J9023 | X | | |
| Beleodaq® | Oncology - Injectable | J9032 | O | | |
| Belrapzo | Oncology - Injectable | J9036 | O | | |

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| Bendamustine® | Oncology - Injectable | J9033/ J9034/ J9036/ J9056/ J9058/ J9059 | O | | |
| Bendeka® | Oncology - Injectable | J9034 | O | | |
| Benlysta® | Immune modulator | J0490 | X | | |
| Beovu® | Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor | J0179 | X | | |
| Beqvez™ | Gene Therapy | J3490/ J3590 | X | | |
| Berinert® | Hematologic | J0597 | X | | |
| Besponsa | Oncology - Injectable | J9229 | O | | |
| BiCNU | Oncology - Injectable | J9050 | O | | |
| Bivigam® | Immune globulin | J1556 | X | | |
| Blenrep | Oncology - Injectable | J9037 | O | | |
| Bleomycin | Oncology - Injectable | J9040 | O | | |
| Blinicyto® | Oncology - Injectable | J9039 | O | | |
| Bortezomib | Oncology - Injectable | J9041/ J9046/ J9048/ J9049/ J9051 | O | | |
| Breyanzi® | Oncology - Injectable | Q2054 | O | | |
| Brineura® | Enzyme replacement therapy | J0567 | X | | |
| Briumvi® | Multiple sclerosis | J2329 | X | | |
| Busulfan | Oncology - Injectable | J0594 | O | | |

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| Byooviz | Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor | Q5124 | X | | |
| Cabenuva™ | HIV | J0741 | | | |
| Camcevi® | Gonadotropin Releasing Hormone Analogs / Oncology - injectable | J1952 | X/O | | |
| Carboplatin | Oncology - Injectable | J9045 | O | | |
| Carmustine | Oncology - Injectable | J9052 | O | | |
| Carvykti™ | Oncology - Injectable | Q2056 | O | | |
| Casgevy™ | Gene therapy | J3490/ J3590 | X | | |
| Cerezyme® | Enzyme deficiency (Gaucher's disease) | J1786 | X | Preferred product: VPRIV | |
| Cimerli™ | Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor | Q5128 | X | | |
| Cimzia® | Inflammatory conditions | J0717 | X | | |
| Cinqair® | Asthma | J2786 | X | Preferred products: Fasenna and Nucala | |
| Cinvanti® | Oncology - Antiemetic | J0185 | O | | |
| Cinryze® | Hematologic | J0598 | X | | |
| Cisplatin | Oncology - Injectable | J9060 | O | | |

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| Cladribine | Oncology - Injectable | J9065 | O | | |
| Clolar | Oncology - injectable | J9027 | O | | |
| Columvi | Oncology - Injectable | J9286 | O | | |
| Clofarabine | Oncology - injectable | J9027 | O | | |
| Cortrophin® Gel | Endocrine | J0802 | X | | |
| Cosela® | Oncology - injectable | J1448 | O | | |
| Cosentyx® IV | Inflammatory conditions | J3247 | | | |
| Cosmegen | Oncology - Injectable | J9120 | O | | |
| Crysvita® | Endocrine | J0584 | X | | |
| Cutaquig® | Immune globulin | J1551 | X | | |
| Cuvitru® | Immune globulin | J1555 | X | | |
| Cyclophosphamide | Oncology - Injectable | J9071/ J9072/ J9073/ J9074 J9075 | O | | |
| Cyramza® | Oncology - Injectable | J9308 | O | | |
| Cytarabine | Oncology - Injectable | J9100 | O | | |
| Dacarbazine | Oncology - Injectable | J9130 | O | | |
| Danyelza® | Oncology - Injectable | J9348 | O | | |
| Darzalex® | Oncology - Injectable | J9145 | O | | |
| Darzalex Faspro® | Oncology - Injectable | J9144 | O | | |
| Daunorubicin | Oncology - Injectable | J9150 | O | | |
| Dexrazoxane | Oncology - Injectable | J1190 | | | |
| Docetaxel | Oncology - Injectable | J9171 | O | | |
| Doxil® | Oncology - Injectable | Q2050 | O | | |
| Doxorubicin | Oncology - Injectable | J9000 | O | | |

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| Elahere™ | Oncology - Injectable | J9063 | O | | |
| Elaprase® | Enzyme replacement therapy | J1743 | X | | |
| Elelyso® | Enzyme deficiency (Gaucher's disease) | J3060 | X | Preferred product: VPRIV | |
| Elevidys™ | Gene therapy | J1413 | X | | |
| Elfabrio® | Enzyme replacement | J2508 | X | | |
| Eligard® | Oncology - Injectable | J9217 | O | | |
| Ellence | Oncology - Injectable | J9178 | O | | |
| Elrexio | Oncology - Injectable | J1323 | | | |
| Elzonris® | Oncology - Injectable | J9269 | O | | |
| Emend® Injection | Oncology - Antiemetic | J1453 | O | | |
| Empliciti | Oncology - Injectable | J9176 | O | | |
| Enhertu® | Oncology - Injectable | J9358 | O | | |
| Enjaymo® | Blood modifiers | J1302 | X | | |
| Entyvio® | Inflammatory conditions | J3380 | X | | |
| Epirubicin | Oncology - injectable | J9178 | O | | |
| Epkinly | Oncology - Injectable | J9321 | O | | |
| Epogen® | Erythropoiesis-stimulating agents | J0885 | X | Preferred product: Retacrit | |
| Erbix® | Oncology - Injectable | J9055 | O | | |
| Erwinaze® | Oncology - Injectable | J9019 | O | | |
| Etoposide | Oncology - Injectable | J9181 | O | | |
| Evkeeza® | Rare conditions | J1305 | X | | |

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| Evomela® | Oncology - Injectable | J9246 | O | | |
| Exondys 51® | Central nervous system agents | J1428 | X | | |
| Eylea® | Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor | J0178 | X | | |
| Eylea® HD | Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor | J0177 | X | | |
| Fabrazyme® | Enzyme replacement therapy | J0180 | X | | |
| Fasenra® | Asthma | J0517 | X | Preferred product: Self-administered Fasenra (covered under pharmacy benefit) | |
| Fensolvi® | Gonadotropin-releasing hormone analogs | J1951 | X | | |
| Feraheme® | Anemia | Q0138/ Q0139 | X | Preferred products: Venofer, Ferrlecit, and Infed | |
| Firmagon® | Oncology - Injectable | J9155 | O | | |
| Flebogamma® DIF | Immune globulin | J1572 | X | | |
| Floxuridine | Oncology - injectable | J9200 | O | | |
| Fludarabine | Oncology - Injectable | J9185 | O | | |

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| Fluorouracil | Oncology - Injectable | J9190 | | | |
| Folotyn® | Oncology - Injectable | J9307 | O | | |
| Fosaprepitant (teva) | Oncology - Injectable | J1456 | O | | |
| Fulphila® | Neutropenia/ Oncology - Injectable | Q5108 | X/O | Preferred products: Ziextenzo and Neulasta | |
| Fulvestrant | Oncology - injectable | J9394/ J9395 | O | | |
| Fyarro | Oncology - Injectable | J9331 | O | | |
| Fylintra® | Neutropenia/ Oncology - Injectable | Q5130 | X/O | Preferred products: Ziextenzo and Neulasta | |
| Gamifant® | Immune modulator | J9210 | X | | |
| Gammagard® | Immune globulin | J1569 | X | | |
| Gammagard®S/D | Immune globulin | J1566 | X | | |
| Gammaked™ | Immune globulin | J1561 | X | | |
| Gammaplex® | Immune globulin | J1557 | X | | |
| Gamunex®-C | Immune globulin | J1561 | X | | |
| Gazyva® | Oncology - Injectable | J9301 | O | | |
| Gel-One® | Sodium hyaluronate | J7326 | X | Preferred products: Euflexxa, Durolane, and Gel-Syn-3 | |
| Gelsyn-3® | Sodium hyaluronate | J7328 | X | | |

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| Gemcitabine | Oncology - Injectable | J9201 | O | | |
| GenVisc® 850 | Sodium hyaluronate | J7320 | X | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |
| Givlaari® | Blood-modifying agents | J0223 | X | | |
| Glassia® | Alpha1-proteinase inhibitors | J0257 | X | | |
| Granix® | Neutropenia/ Oncology - Injectable | J1447 | X/O | Preferred product: Zarxio | |
| Halaven® | Oncology - Injectable | J9179 | O | | |
| Hemgenix® | Gene therapy | J1411 | X | | |
| Herceptin® | Oncology - Injectable | J9355 | O | Preferred products: Kanjinti, Ogivri and Trazimera | |
| Herceptin Hylecta™ | Oncology - Injectable | J3956 | O | Preferred products: Kanjinti, Ogivri and Trazimera | |
| Herzuma® | Oncology - Injectable | Q5113 | O | Preferred products: Kanjinti, Ogivri and Trazimera | |

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| Hizentra [®] | Immune globulin | J1559 | X | | |
| Hyalgan [®] | Sodium hyaluronate | J7321 | X | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |
| Hycamtin [®] | Oncology - Injectable | J9351 | O | | |
| Hyalgan [®] | Oncology - Injectable | J9311 | O | | |
| Hymovis [®] | Sodium hyaluronate | J7322 | X | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |
| 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 | | |
| Inflectra [®] | Inflammatory conditions | Q5103 | X | | |
| Infugem [™] | Oncology - Injectable | J9198 | O | Preferred product: Gemcitabine | |

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| Injectafer® | Anemia | J1439 | X | Preferred products: Venofer, Ferrlecit, and 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 | | |
| Kadcyla® | Oncology - Injectable | J9354 | O | | |
| Kalbitor® | Hematologic | J1290 | X | | |
| Kanjinti® | Oncology - Injectable | Q5117 | O | | |
| Kanuma® | Enzyme replacement therapy | J2840 | X | | |
| Keytruda® | Oncology - Injectable | J9271 | O | | |
| Khapzory™ | Oncology - Injectable | J0642 | O | | |
| Kimmtrak | Oncology - Injectable | J9274 | O | | |
| Korsuva™ | Renal disease | J0879 | X | | |
| Krystexxa® | Endocrine | J2507 | X | | |
| Kymriah® | Oncology - Injectable | Q2042 | X | | |
| Kyprolis® | Oncology - Injectable | J9047 | O | | |
| Lamzedo | Enzyme replacement therapy | J0217 | X | | |

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| Lanreotide (ciplā) | Oncology - Injectable | J1932 | X/O | Preferred products: Somatuline Depot | |
| Lantidra™ | Cellular therapy | J3490/ J3590 | X | | |
| Lartruvo™ | Oncology - Injectable | J9285 | O | | |
| Lemtrada® | Multiple sclerosis | J0202 | X | Preferred products: self-administered MS medications, Ocrevus, Tysabri, or Rituximab | |
| Lenmeldy™ | Gene therapy | J3490/ J3590 | X | | |
| Leqembi | Central nervous system agents | J0174 | X | | |
| Leqvio® | Cardiology | J1306 | X | | |
| Leucovorin | Oncology - Injectable | J0640 | O | | |
| Leukine® | Neutropenia/ Oncology - Injectable | J2820 | X/O | | |
| Leuprolide depot | Oncology - Injectable | J1954 | O | | |
| Leuprolide | Gonadotropin-releasing hormone analogs/Oncology - injectable | J9218 | O | | |
| Levoleucovorin | Oncology - Injectable | J0641/ J0642 | O | | |
| Libtayo® | Oncology - Injectable | J9119 | O | | |

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| Lucentis® | Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor | J2778 | X | | |
| Lumizyme® | Enzyme replacement therapy | J0221 | X | | |
| Lumoxiti® | Oncology - Injectable | J9313 | O | | |
| Lunsumio™ | Oncology - Injectable | J9350 | O | | |
| LupronDepot® (3.75 mg) | Oncology - Injectable | J1950 | O | Preferred products: Eligard, Lupron Depot 75mg (J9217) | |
| Lupron Depot® (7.5mg) | Oncology - Injectable | J9217 | O | | |
| Luxturna® | Gene therapy | J3398 | X | | |
| Lyfgenia® | Gene therapy | J3394 | X | | |
| Margenza | Oncology - Injectable | J9353 | O | | |
| Marqibo® | Oncology - Injectable | J9371 | O | | |
| Melphalan | Oncology - Injectable | J9245/ J9246/ J9247/ J9248/ J9249 | O | | |
| Mepsevii® | Enzyme replacement therapy | J3397 | X | | |
| Mesna | Oncology - Injectable | J9209 | O | | |
| Methotrexate | Oncology - Injectable | J9260/ J9255 | O | | |
| Mitomycin | Oncology - Injectable | J9280 | O | | |

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| Mitoxantrone | Oncology - Injectable | J9293 | O | | |
| Monjuvi | Oncology - Injectable | J9349 | O | | |
| MonoFerric® | Anemia | J1437 | X | Preferred products: Venofer, Ferrlecit, and Infed | |
| Monovisc® | Sodium hyaluronate | J7327 | X | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |
| Mvasi® | Oncology - Injectable | Q5107 | O | | |
| Mylotarg™ | Oncology - Injectable | J9203 | O | | |
| Naglazyme® | Enzyme replacement therapy | J1458 | X | | |
| Neulasta® | Neutropenia/ Oncology - Injectable | J2506 | X/O | | |
| Neupogen® | Neutropenia/ Oncology - Injectable | J1442 | X/O | Preferred product: Zarxio | |
| Nexviazyme™ | Enzyme replacement therapy | J0219 | X | | |
| Nipent™ | Oncology - Injectable | J9268 | O | | |
| Nivestym® | Neutropenia/ Oncology - Injectable | Q5110 | X/O | Preferred product: Zarxio | |

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| Nucala® | Asthma | J2182 | X | Preferred product: self-administered Nucala (covered under pharmacy benefit) | |
| Nulibry® | Enzyme replacement therapy | J3490/ J3590/ C9399 | X | | |
| Nyvepria™ | Neutropenia/ Oncology - Injectable | Q5122 | O | Preferred products: Ziextenzo and Neulasta | |
| Ocrevus® | Multiple sclerosis | J2350 | X | | |
| Octagam® | Immune globulin | J1568 | X | | |
| Octreotide (Non-Depot) Injection | Somatostatin analogs | J2354 | | | |
| Ogivri® | Oncology - Injectable | Q5114 | O | | |
| Omvo™ IV | Inflammatory conditions | J2267 | X | | |
| Oncaspar® | Oncology - Injectable | J9266 | O | | |
| Onivyde® | Oncology - Injectable | J9205 | O | | |
| Onpattro® | Central nervous system agents | J0222 | X | | |
| Ontruzant® | Oncology - Injectable | Q5112 | O | Preferred products: Kanjinti, Ogivri and Trazimera | |
| Opdivo® | Oncology - Injectable | J9299 | O | | |

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| | | | Medical necessity/ notification | Preferred product required Note: For more information, see Preferred Product tile | Site of care required Note: For more information, see the Site of Care tile |
| Opdualag | Oncology - Injectable | J9298 | O | | |
| Orencia® IV | Inflammatory conditions | J0129 | X | | |
| Orthovisc® | Sodium hyaluronate | J7324 | X | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |
| Oxaliplatin | Oncology - injectable | J9263 | O | | |
| Oxlumo® | Endocrine | J0224 | X | | |
| Paclitaxel | Oncology - Injectable | J9259/ J9264/ J9265/ J9267/ J9258 | O | | |
| Padcev® | Oncology - Injectable | J9177 | O | | |
| Panzyga® | Immune globulin | J1576 | X | | |
| Parsabiv® | Endocrine | J0606 | X | Preferred product: Sensipar | |
| Pemetrexed | Oncology - Injectable | J9305/ J9294/ J9296/ J9297/ J9314/ J9322/ J9323/ J9324 | | | |
| Pemfexy® | Oncology - Injectable | J9304 | O | | |
| Perjeta® | Oncology - Injectable | J9306 | O | | |
| Phesgo® | Oncology - Injectable | J9316 | O | | |

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| Medication name | Therapeutic class | CPT/ HCPCS code | Prior authorization | | |
|--------------------------------|---------------------------------------|-----------------------|---------------------------------------|--|--|
| | | | Medical necessity/ notification | Preferred product required Note: For more information, see Preferred Product tile | Site of care required Note: For more information, see the Site of Care tile |
| Polivy[®] | Oncology - Injectable | J9309 | O | | |
| Pombiliti[™] | Enzyme replacement therapy | J1203 | X | | |
| Poteligeo[®] | Oncology - Injectable | J9204 | O | | |
| Privigen[®] | Immune globulin | J1459 | X | | |
| Procrit[®] | Erythropoiesis-stimulating agents | J0885 | X | Preferred product: Retacrit | |
| Prolastin[®]-C | Alpha1-proteinase inhibitors | J0256 | X | | |
| Proleukin[®] | Oncology - Injectable | J9015 | O | | |
| Prolia[®] | Oncology - Injectable | J0897 | O | | |
| Provenge[®] | Oncology - Injectable | Q2043 | O | | |
| Qalsody[™] | Central nervous system agents | J1304 | X | | |
| Radicava[®] | Central nervous system agents | J1301 | X | | |
| Reblozyl[®] | Anemia/oncology - Injectable | J0896 | X/O | | |
| Releuko[®] | Neutropenia/ Oncology - Injectable | Q5125 | X/O | Preferred product: Zarxio | |
| Remicade[®] | Inflammatory conditions | J1745 | X | Preferred products: Avsola and Inflectra | |
| Renflexis[®] | Inflammatory conditions | Q5104 | X | Preferred products: Avsola and Inflectra | |

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|------------------------------------|---------------------------------------|-----------------------|---------------------------------------|--|--|
| | | | Medical necessity/ notification | Preferred product required Note: For more information, see Preferred Product tile | Site of care required Note: For more information, see the Site of Care tile |
| Revcovi [®] | Enzyme replacement therapy | J3590 | X | | |
| Riabni [™] | Immunomodulatory agents | Q5123 | X/O | Preferred products: Ruxience and Truxima | |
| Rituxan [®] | Immunomodulatory agents | J9312 | X/O | Preferred products: Ruxience and Truxima | |
| Rituxan [®] Hycela | Oncology - injectable | J9311 | O | | |
| Rivfloza [™] | Endocrine | J3490/ J3590 | X | | |
| Roctavian [™] | Gene therapy | J1412 | X | | |
| Rovedon [®] | Neutropenia/ Oncology - Injectable | J1449 | X/O | Preferred products: Ziextenzo and Neulasta | |
| Ruconest [®] | Hematologic | J0596 | X | | |
| Ruxience [®] | Immunomodulatory agents | Q5119 | X/O | | |
| Rybrevant | Oncology - Injectable | J9061 | O | | |
| Rylaze [®] | Oncology - injectable | J9021 | O | | |
| Ryplazim [®] | Rare conditions | J2998 | X | | |
| Rystiggo [®] | Fc receptor antagonist | J9333 | X | | |
| Ryzenuta [™] | Oncology - injectable | J9361 | O | | |
| Sandostatin [®] | Oncology - injectable | J2354 | O | | |

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| Medication name | Therapeutic class | CPT®/HCPCS code | Prior authorization | | |
|-------------------------------|---------------------------------------|-----------------|---------------------------------|---|--|
| | | | Medical necessity/ notification | Preferred product required Note: For more information, see Preferred Product tile | Site of care required Note: For more information, see the Site of Care tile |
| Saphnelo® | Immune modulator | J0491 | X | Preferred product: Benlysta | |
| Sarclisa® | Oncology - Injectable | J9227 | O | | |
| Scenesse® | Dermatology | J7352 | X | | |
| Simponi ARIA® | Inflammatory conditions | J1602 | X | | |
| Skyrizi® | Inflammatory conditions | J2327 | X | | |
| Skysona™ | Gene therapy | J3490/ J3590 | X | | |
| Soliris® | Blood-modifying agents | J1300 | X | | |
| Spevigo® | Inflammatory conditions | J1747 | X | | |
| Spinraza® | Central nervous system agents | J2326 | X | | |
| Stelara® | Inflammatory conditions | J3358 | X | | |
| Stimufend® | Neutropenia/ Oncology - Injectable | Q5127 | X/O | Preferred products: Ziextenzo and Neulasta | |
| Sunlenca® | HIV | J1961 | X | | |
| Supartz® / Supartz FX® | Sodium hyaluronate | J7321 | X | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |
| Supprelin® LA | Oncology - Injectable | J9226 | O | | |

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|-------------------------|--|-----------------------|---------------------------------------|--|--|
| | | | Medical necessity/ notification | Preferred product required Note: For more information, see Preferred Product tile | Site of care required Note: For more information, see the Site of Care tile |
| Sustol®Injection | Oncology - Antiemetic | J1627 | O | | |
| Syfovre® | Retinal conditions | J2781 | X | | |
| Sylatron™ | Oncology - Injectable | J9999 | O | | |
| Synagis® | Respiratory syncytial virus (RSV) prevention | 90378 | X | | |
| SynoJoynt® | Sodium hyaluronate | J7331 | X | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |
| Synribo® | Oncology - Injectable | J9262 | O | | |
| Synvisc® | Sodium hyaluronate | J7325 | X | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |
| Synvisc-One® | Sodium hyaluronate | J7325 | X | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |
| Talvey | Oncology - Injectable | J3055 | O | | |
| Taxotere® | Oncology - injectable | J9171 | O | | |
| Tecartus® | Oncology - Injectable | Q2053 | O | | |
| Tecentriq® | Oncology - Injectable | J9022 | O | | |
| Temodar® | Oncology - Injectable | J9328 | O | | |
| Tepezza® | Endocrine | J3241 | X | | |
| Tezspire® | Asthma | J2356 | X | | |
| Thiotepa | Oncology - Injectable | J9340 | O | | |
| Tivdak | Oncology - Injectable | J9273 | O | | |

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|-------------------|--|-----------------------|---------------------------------------|--|--|
| | | | Medical necessity/ notification | Preferred product required Note: For more information, see Preferred Product tile | Site of care required Note: For more information, see the Site of Care tile |
| Tofidence™ | Inflammatory conditions | Q5133 | X | | |
| Torisel® | Oncology - Injectable | J9330 | O | | |
| Trazimera® | Oncology - Injectable | Q5116 | O | | |
| Treanda® | Oncology - Injectable | J9033 | O | | |
| Trelsta® | Gonadotropin-releasing hormone analogs | J3315 | X | | |
| Triluron® | Sodium hyaluronate | J7332 | X | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |
| Triptodur® | Gonadotropin-releasing hormone analogs | J3316 | X | | |
| Trisenox | Oncology - Injectable | J9017 | O | | |
| TriVisc® | Sodium hyaluronate | J7329 | X | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |
| Trodelvy® | Oncology - Injectable | J9317 | O | | |
| Trogarzo® | HIV | J1746 | | | |
| Truxima® | Immunomodulatory agents | Q5115 | X/O | | |
| Tyenne® | Inflammatory conditions | J3490/ J3590 | | | |
| Tyruko® | Multiple sclerosis | Q5134 | X | | |
| Tysabri® | Multiple sclerosis | J2323 | X | | |
| Tzield® | Endocrine | J9381 | X | | |

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|--------------------|---|-----------------------|---------------------------------------|--|--|
| | | | Medical necessity/ notification | Preferred product required Note: For more information, see Preferred Product tile | Site of care required Note: For more information, see the Site of Care tile |
| Udenyca® | Neutropenia/ Oncology - Injectable | Q5111 | X/O | Preferred products: Ziextenzo and Neulasta | |
| Ultomiris® | Blood-modifying agents | J1303 | X | | |
| Unituxin™ | Oncology - injectable | J9999 | O | | |
| Uplizna® | Immune modulator | J1823 | X | | |
| Vabysmo® | Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor | J2777 | X | | |
| Vectibix® | Oncology - Injectable | J9303 | O | | |
| Vegzelma® | Oncology - Injectable | Q5129 | O | Preferred product: 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 | Preferred products: Euflexxa, Durolane, and GelSyn-3 | |

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|------------------------------------|--|-----------------------|---------------------------------------|--|--|
| | | | Medical necessity/ notification | Preferred product required Note: For more information, see Preferred Product tile | Site of care required Note: For more information, see the Site of Care tile |
| 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 | | |
| Vyvgart[®] Hytrulo | Central nervous system agents | J9334 | X | | |
| Vyxeos | Oncology - Injectable | J9153 | O | | |
| Wezlana[™] SC | Inflammatory conditions | Q5167 | X | | |
| Wezlana[™] IV | Inflammatory conditions | Q5168 | X | | |
| Xembify[®] | Immune globulin | J1558 | X | | |
| Xenpozyme[®] | Enzyme replacement | J0218 | X | | |
| Xiaflex[®] | Collagenase | J0775 | X | | |
| Xgeva[®] | Oncology - Injectable | J0897 | O | | |

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|-------------------|---------------------------------------|-----------------|---------------------------------|---|--|
| | | | Medical necessity/ notification | Preferred product required Note: For more information, see Preferred Product tile | Site of care required Note: For more information, see the Site of Care tile |
| Xolair® | Asthma | J2357 | X | Preferred product: self-administered Xolair (covered under pharmacy) | |
| Yervoy® | Oncology - Injectable | J9228 | O | | |
| Yescarta® | Oncology - Injectable | Q2041 | X | | |
| Yondelis® | Oncology - Injectable | J9352 | O | | |
| Zaltrap® | Oncology - Injectable | J9400 | O | | |
| Zanosar® | Oncology - Injectable | J9320 | O | | |
| Zarxio® | Neutropenia/ Oncology - Injectable | Q5101 | X/O | | |
| Zemaira® | Alpha1-proteinase inhibitors | J0256 | X | | |
| Zepzelca | Oncology - Injectable | J9223 | O | | |
| Ziextenzo® | Neutropenia/ Oncology - Injectable | Q5120 | X/O | | |
| Zirabev® | Oncology - Injectable | Q5118 | O | Preferred product: Mvasi | |
| Zoladex® | Oncology - Injectable | J9202 | O | | |
| Zolgensma® | Gene therapy | J3399 | X | | |
| Zynlonta | Oncology - Injectable | J9359 | O | | |
| Zynteglo® | Gene therapy | J3393 | X | | |

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Medical benefit clinical program drug list – definitions

| Clinical and utilization management strategy | Definition |
|--|---|
| Drug policy | 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. |
| Prior authorization | 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. |
| Medical necessity/ notification | <p>Medical necessity is about clinical effectiveness and consists of:</p> <ul style="list-style-type: none"> • 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®. • Clinical effectiveness: Treatment of illness, injury, disease or symptom must be proven to be clinically effective • Cost effectiveness: Services must not be more costly than alternative services that are least likely to produce equivalent therapeutic and diagnostic results <p>Notification:</p> <ul style="list-style-type: none"> • Determination based on proven uses for medications, FDA-approved indications and published peer-reviewed medical literature |
| Preferred product | 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 plan coverage offered by UnitedHealthcare of Arizona, Inc., Rocky Mountain Health Maintenance Organization Incorporated in Colorado, UnitedHealthcare of Florida, Inc., UnitedHealthcare of Georgia, Inc., UnitedHealthcare of Illinois, Inc., UnitedHealthcare Insurance Company in Alabama, Kansas, Louisiana, Missouri, and Tennessee, Optimum Choice, Inc. in Maryland and Virginia, UnitedHealthcare Community Plan, Inc. in Michigan, UnitedHealthcare of Mississippi, Inc., UnitedHealthcare of North Carolina, Inc., UnitedHealthcare of Ohio, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Texas, Inc., and UnitedHealthcare of Oregon, Inc. in Washington. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

Medical benefit clinical program drug list – definitions (cont.)

| Clinical and utilization management strategy | Definition |
|--|---|
| Site of care | <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"> • Directs health care professionals to the most appropriate site of care using clinical evidence and medical necessity criteria • Provides a short-term grace period to prevent disruption of treatment while the care is transitioned to the alternative site of care • Coordinates transitioning the member to a new site of care |

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