



Medical benefit specialty medication update bulletin – December 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
Bildyos[®] (denosumab-nxxp) <i>Biosimilar to Prolia[®]</i>	J3490/J3590/C9399			X	
Bosaya[®] (denosumab-kyqq) <i>Biosimilar to Prolia</i>	J3490/J3590/C9399			X	
Enoby[™] (denosumab-qbde) <i>Biosimilar to Prolia</i>	J3490/J3590/C9399			X	
Qivigy[®] (immune globulin intravenous, human-kthm)	J1599		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 Medication Sourcing for Outpatient Hospital Providers Only – UnitedHealthcare Commercial			
Medication Name	HCPCs Code(s)	Effective Date	Specialty Pharmacy
Bkemv[®] (eculizumab-aeab)	Q5152	1/1/26	Caremark (CVS Specialty)
Epysqli[®] (eculizumab-aagh)	Q5151	1/1/26	Caremark (CVS Specialty)
Jubbonti[®] (denosumab-bbdz)	Q5136	1/1/26	Amber Specialty Pharmacy Option Care Health
Imuldosa[®] (ustekinumab-srlf)	Q5098	1/1/26	Amber Specialty Pharmacy
Yimmugo (immune globulin intravenous, human-dira)	J1599/J3490/J3590/C9399	3/1/26	Option Care Health



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.



Updates to medication program requirements and drug policies – Effective March 01, 2026						
Medication Name	HCPCs Code(s)	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Individual & Family	Summary of Changes
Lenmeldy™ (atidarsagene autotemcel)	J3391		X Maryland Only			<ul style="list-style-type: none"> Add prior authorization/notification Will be managed by Optum Transplant
Niktimvo™ (axatilimab-csfr)	J9038		X Maryland Only			<ul style="list-style-type: none"> Add prior authorization/notification
Nulibry® (fosdenopterin)	J1809		X Maryland Only			<ul style="list-style-type: none"> Add prior authorization/notification
Otufi® (ustekinumab-aaaz) <i>Biosimilar to Stelara®</i>	Q9999				X	<ul style="list-style-type: none"> Add prior authorization/notification
Skysona™ (elivaldogene autotemcel)	J3490/J3590/ C9399		X Maryland Only			<ul style="list-style-type: none"> Add prior authorization/notification Will be managed by Optum Transplant

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.

Prior authorization and notification requirements for certain specialty drugs when billed as part of a planned inpatient admission

We're committed to providing our members with access to high-quality medications in a safe, appropriate environment. To continue this important work, beginning on January 1, 2026, we are revising some of our existing medical benefit drug policies to support medical necessity review of the use of the certain specialty drugs administered in an inpatient setting during a planned admission. This also may result in lower out of pocket costs for our members.

The specialty drugs identified in these policies currently require prior authorization in all places of service, whether administered in an inpatient or outpatient setting. All planned inpatient admissions for the sole purpose of administration of one of the specialty drugs identified in the table below will undergo a level of care assessment. When you are submitting a request for prior authorization for a planned inpatient admission to administer one of the drugs in the table below, please include documentation to support medical necessity and the appropriate level of care for the administration of these drugs. For more information, visit UHCprovider.com > Policies and Protocols for Providers > For Commercial Plans > Medical & Drug Policies for UnitedHealthcare Commercial Plans.



Drug Name	Description	HCPCS Code	Drug Policy Name
Elevidys™	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	J1413	Elevidys™ (delandistrogene moxparvovec-rokl)
Gamifant®	Injection, emapalumab-lzsg, 1 mg	J9210	Gamifant® (emapalumab-lzsg)
Hemgenix®	Injection, etranacogene dezaparvovec-drib, per therapeutic dose	J1411	Gene Therapies for Hemophilia B
Luxturna®	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	J3398	Luxturna® (voretigene neparvovec-rzyl)
Roctavian®	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes	J1412	Roctavian® (valoctocogene roxaparvovec-rvox)
Spinraza®	Injection, nusinersen, 0.1 mg	J2326	Spinraza® (nusinersen)
Vyjuvek®	Injection, beremagene geperpavec-svdt for topical administration, containing nominal 5x10 ⁹ PFU/ml vector genomes, per 0.1 mg	J3401	Vyjuvek® (beramagene geperpavec-svdt)
Zolgensma®	Injection, onasemnogene abeparvovec-xiol, per treatment, up to 5 x 10 ¹⁵ vector genomes	J3399	Zolgensma® (onasemnogene abeparvovec-xioi)

If you determine that one of the listed drugs is appropriate for your patient but do not obtain prior authorization or advance notification approval, we may not cover the drug. In cases where coverage is denied due to lack of prior authorization, you may not bill the member for the cost of the drug.

Which plans this applies to:

This applies to UnitedHealthcare commercial plans and affiliate plans, including UnitedHealthcare of the Mid-Atlantic, UnitedHealthcare Oxford, Neighborhood Health Partnership, UnitedHealthcare of the River Valley, UnitedHealthcare Freedom Insurance Company and Surest. This also applies to the UnitedHealthcare Individual Exchange Plans.

You can submit a prior authorization request through the UnitedHealthcare Provider Portal:



- From any page on UHCprovider.com, select Sign In at the top-right corner.
 - Enter your One Healthcare ID.
- New users who don't have a One Healthcare ID: Visit UHCprovider.com/access to get started.
- From the left-hand tabs, select Prior Authorizations & Notifications. Then, click "Create a new request."
- Select the appropriate prior authorization type from the dropdown.
- Enter the required information and click Continue.

Questions?

If you have questions, please call the Provider Services number on the member's ID card. For chat options and contact information, visit UHCprovider.com/contact us.

