# Medical benefit specialty medication update bulletin – August 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** |
| **Ranluspec®** (ranibizumab-hkdz) *Biosimilar to Lucentis®* | J3490/J3590/C9399 | X | | X | X |
| **Lumvoa™** (veligrotug-vvze) | 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 > 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.**

| Updates to medication program requirements and drug policies – Effective September 1, 2026 | | | | | | |
|---|---|---|---|---|---|---|
| **Medication Name** | **HCPCS Code(s)** | **UHC Commercial** | **UHC Community Plan** | **UHC Medicare Advantage** | **UHC Individual & Family** | **Summary of Changes** |
| **Armlupeg™** (pegfilgrastim-unne) *Biosimilar to Neulasta®* | Q5169 | X | | | X | • Add as non-preferred product |
| **Aukelso™** (denosumab-kyqq) *Biosimilar to Xgeva®* | Q5161 | X | | | X | • Add as non-preferred product for all oncology indications |
| **Bilprevda®** (denosumab-nxxp) *Biosimilar to Xgeva* | Q5162 | X | | | X | • Add as preferred product for all oncology indications |
| **Khapzory®** (levoleucovorin) | J0642 | X | | | X | • Add as non-preferred product for all oncology indications |
| **Levoleucovorin** | J0641 | X | | | X | • Add as preferred product for all oncology indications |
| **Lutrate® Depot** (leuprolide acetate) | J1954 | X | | | X | • Add as non-preferred product for all oncology indications |
| **Phesgo®** (pertuzumab, trastuzumab, and hyaluronidase-zzxf) | J9316 | X | | | | • Remove from Site of Care |
| **Vykoura™** (leucovorin) | J3490/J3590/ C9399 | X | | | X | • Add as non-preferred product for all oncology indications |
| **Xtrenbo™** (denosumab-qbde) *Biosimilar to Xgeva* | Q5167 | X | | | X | • Add as preferred product for all oncology indications |
| **Xbryk™** (denosumab-dssb) *Biosimilar to Xgeva* | J3490/J3590/ C9399 | X | | | X | • Add as non-preferred product for all oncology indications |

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.