



Medical benefit specialty medication update bulletin – May 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
Avlayah™ (tividenufusp alfa-eknm)	J3490/J3590/C9399	X	X		X
Ponlimsi™ (denosumab-adet) <i>Biosimilar to Prolia®</i>	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 August 1, 2026						
Medication Name	HCPCs Code	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Individual & Family	Summary of Changes
Darzalex Faspro [®] (daratumumab and hyaluronidase-fihj)	J9144	X				<ul style="list-style-type: none"> Add to Site of Care
Imfinzi [®] (durvalumab)	J9173	X				<ul style="list-style-type: none"> Add to Site of Care
Jemperli (dostarlimab-gxly)	J9272	X				<ul style="list-style-type: none"> Add to Site of Care
Keytruda [®] (pembrolizumab)	J9271	X				<ul style="list-style-type: none"> Add to Site of Care
Keytruda Qlex [™] (pembrolizumab and berahyaluronidase alfa-pmph)	J9277	X				<ul style="list-style-type: none"> Add to Site of Care
Libtayo [®] (cemiplimab-rwlc)	J9119	X				<ul style="list-style-type: none"> Add to Site of Care
Opdivo [®] (nivolumab)	J9299	X				<ul style="list-style-type: none"> Add to Site of Care
Opdivo Qvantig [®] (nivolumab and hyaluronidase-nvhy)	J9289	X				<ul style="list-style-type: none"> Add to Site of Care
Opdualag [™] (nivolumab and relatlimab-rmbw)	J9298	X				<ul style="list-style-type: none"> Add to Site of Care
Phesgo [®] (pertuzumab, trastuzumab, and hyaluronidase-zzxf)	J9316	X				<ul style="list-style-type: none"> Add to Site of Care
Tecentriq [®] (atezolizumab)	J9022	X				<ul style="list-style-type: none"> Add to Site of Care
Tecentriq Hybreza [™] (atezolizumab and hyaluronidase-tqjs)	J9024	X				<ul style="list-style-type: none"> Add to Site of Care



Yervoy® (ipilimumab)	J9228	X				• Add to Site of Care
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For additional information, please refer to: <https://www.uhcprovider.com/en/resource-library/news/2026/oncology-drugs-site-care-policy.html>

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.

