



Medical benefit specialty medication update bulletin – October 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	HCP Code(s)	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Individual & Family
Genglycos™ (pariglasgene brecaparvovec-opnr)	J3490/J3590/C9399	X	X	X	X
Immgolis Intri™ (golimumab-sldi) <i>Biosimilar to Simponi Aria®</i>	J3490/J3590/C9399		X		
Isembyld™ (apitegromab-mstn)	J3490/J3590/C9399	X			X
Lytenava™ (bevacizumab-vikg)	J3490/J3590/C9399		X	X	
Omlyclo® (omalizumab-igec) <i>Biosimilar to Xolair®</i>	Q5154		X		
Pasatru™ (garetosmab-grts)	J3490/J3590/C9399	X	X	X	X
Zanvastro™ (zilganersen)	J3490/J3590/C9399	X	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](#).

Specialty medical injectable medications added to Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs – UnitedHealthcare Commercial – Effective January 1, 2027			
Excluded Medication	HCPCS Code(s)	Therapeutic Class	Other Options
Ahzantive® (aflibercept-mrbb) <i>Biosimilar to Eylea®</i>	Q5150	Ophthalmologic VEGF Inhibitors	Avastin®, Cimerli®, Eylea, Eylea HD, Lucentis®, Pavblu®, Vabysmo®
Enzeevu™ (aflibercept-abzv) <i>Biosimilar to Eylea</i>	Q5149		
Yesafili™ (aflibercept-jbvf) <i>Biosimilar to Eylea</i>	Q5155		



Updates to medication program requirements and drug policies – Effective January 1, 2027

Medication Name	HCPCS Code(s)	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Individual & Family	Summary of Changes
Ahzantive (afibercept-mrbb) <i>Biosimilar to Eylea</i>	Q5150	X	X		X	- Add prior authorization/notification - For Individual & Family plans and for Commercial plan members with benefit plans where coverage is not excluded: - Add as a non-preferred product; members must step through Avastin, Cimerli, Eylea, Eylea HD, Lucentis, Pavblu, and Vabysmo prior to coverage
Armlupeg® (pegfilgrastim-unne) <i>Biosimilar to Neulasta®</i>	Q5169		X	X		Add prior authorization/notification
Azmiro™ (testosterone cypionate)	J1072			X		Add prior authorization/notification
Boncresta® (denosumab-mobz) <i>Biosimilar to Prolia</i>	Q5171		X	X		Add prior authorization/notification
Bosaya™ (denosumab-kyqq) <i>Biosimilar to Prolia</i>	Q5161			X		Add prior authorization/notification
Ennumo™ (pegfilgrastim-pccg) <i>Biosimilar to Neulasta</i>	J3490/J3590/ C9399		X	X		Add prior authorization/notification
Enzeevu (afibercept-abzv) <i>Biosimilar to Eylea</i>	Q5149	X	X		X	- Add prior authorization/notification - For Individual & Family plans and for Commercial plan members with benefit plans where coverage is not excluded: - Add as a non-preferred product; members must step through Avastin, Cimerli, Eylea, Eylea HD, Lucentis, Pavblu, and Vabysmo prior to coverage
Erzofri®	J3428		X			Add prior authorization/notification



(paliperidone palmitate)			Pennsylvania Only			
Eydenzelt® (afibercept-boav) <i>Biosimilar to Eylea</i>	Q5170		X			Add prior authorization/notification
Filkri® (filgrastim-laha) <i>Biosimilar to Neupogen</i>	Q5172		X	X		Add prior authorization/notification
Genglycos (pariglasgene breCAPARVOVEC-OPNR)	J3490/J3590/ C9399	X	X	X	X	- Add prior authorization/notification - For Commercial plans – part of the Cellular, Gene & Molecular Therapy Center of Excellence
Lumvoa™ (veligrotug-vvze)	J3490/J3590/ C9399		X	X		Add prior authorization/notification
Nufymco® (ranibizumab-leyk) <i>Biosimilar to Lucentis</i>	Q5168		X			Add prior authorization/notification
Omlyclo (omalizumab-igec) <i>Biosimilar to Xolair</i>	Q5154		X			Add prior authorization/notification
Opuviz™ (afibercept-yszy) <i>Biosimilar to Eylea</i>	Q5153		X			Add prior authorization/notification
Osvyrti™ (denosumab-desu) <i>Biosimilar to Prolia</i>	Q5166		X	X		Add prior authorization/notification
Pasatru (garetosmab-grts)	J3490/J3590/ C9399	X	X	X	X	- Add prior authorization/notification - For Commercial - add to Site of Care
Ponlinsi™ (denosumab-adet) <i>Biosimilar to Prolia</i>	Q5173		X	X		Add prior authorization/notification
Tregzi™ (allogeneic regulatory T cell immunotherapy with HSPC and T cells-vldq)	J3590/C9399	X	X	X	X	- Add prior authorization/notification - Managed by Optum Transplant
Yesafili (afibercept-jbvf) <i>Biosimilar to Eylea</i>	Q5155	X	X		X	- Add prior authorization/notification - For Individual & Family plans and for Commercial plan members with benefit plans where coverage is not excluded:



						○ Add as a non-preferred product; members must step through Avastin, Cimerli, Eylea, Eylea HD, Lucentis, Pavblu, and Vabysmo prior to coverage
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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 All Outpatient Providers – UnitedHealthcare Commercial – Effective January 1, 2027

Medication Name	HCPCS Code(s)	Specialty Pharmacy
Genglycos (pariglasgene brecaparvovec-opnr)	J3490/J3590/C9399	TBD
Pasatru (garetosmab-grts)	J3490/J3590/C9399	TBD

Specialty medical injectable medications added to Medication Sourcing for Outpatient Hospital Providers Only – UnitedHealthcare Commercial – Effective January 1, 2027

Medication Name	HCPCS Code(s)	Specialty Pharmacy
Ahzantive (afibercept-mrbb) <i>Biosimilar to Eylea</i>	Q5150	TBD
Enzeevu (afibercept-abzv) <i>Biosimilar to Eylea</i>	Q5149	TBD
Yesafili (afibercept-jbvf) <i>Biosimilar to Eylea</i>	Q5155	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 October 1, 2026

Centers for Medicare & Medicaid Services (CMS) has issued new procedure codes for certain injectable medications effective October 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.

- **Avlayah™** (tividenofusp alfa-eknm) – J1757
- **Loargys®** (pegzilarginase-nbln) – J1818
- **Ponlinsi™** (denosumab-adet) – Q5173
- **Wainua®** (eplontersen) – C9311

