

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	J/CPT® 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		
Akynzeo®	Oncology - Antiemetic	J1454	O		
Aldurazyme®	Enzyme replacement therapy	J1931	X		
Alimta®	Oncology - Injectable	J9305	O		
Amondys-45™	Central nervous system agents	J1426	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		

CPT® is a registered trademark of the American Medical Association.
 SGP = Core Medical Necessity Requirement (Specialty Guidance Program)
 CGP = Oncology Requirement (Cancer Guidance Program)
 X = Standard Medical Necessity
 O = Oncology Requirement

Medication name	Therapeutic class	J/CPT® 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
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		
Bendeka®	Oncology – Injectable	J9034	O		
Benlysta®	Immune modulator	J0490	X		
Beovu®	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J0179	X		
Berinert®	Hematologic	J0597	X	Preferred product: Ruconest	
Bivigam®	Immune globulin	J1556	X		
Blincyto®	Oncology – Injectable	J9039	O		
Breyanzi®	Oncology – Injectable	Q2054	O		
Brineura®	Enzyme replacement therapy	J0567	X		
Briumvi®	Multiple sclerosis	J2329	X		
Byooviz	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	Q5124	X		
Cabenuva™	HIV	J0741	X		
Carimune® NF	Immune globulin	J1566	X		
Carvykti™	Oncology – Injectable	Q2056	O		
Cerezyme®	Enzyme deficiency (Gaucher's disease)	J1786	X	Preferred product: VPRIV	
Cimerli™	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	Q5128	X		
Cinqair®	Asthma	J2786	X	Preferred products: Fasentra and Nucala	
Cinryze®	Hematologic	J0598	X		
Cinvanti®	Oncology – Antiemetic	J0185	O		
Crysvita®	Endocrine	J0584	X		
Cutaquig®	Immune globulin	J1551	X		
Cuvitru®	Immune globulin	J1555	X		
Cyramza®	Oncology – Injectable	J9308	O		
Darzalex®	Oncology – Injectable	J9145	O		
Darzalex Faspro®	Oncology – Injectable	J9144	O		

CPT® is a registered trademark of the American Medical Association.
SGP = Core Medical Necessity Requirement (Specialty Guidance Program)
CGP = Oncology Requirement (Cancer Guidance Program)
X = Standard Medical Necessity
O = Oncology Requirement

Medication name	Therapeutic class	J/CPT® 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
Desferal®	Antidote	J0895	X		
Docetaxel	Oncology - Injectable	J9171	O		
Elaprase®	Enzyme replacement therapy	J1743	X		
Elelyso®	Enzyme deficiency (Gaucher's disease)	J3060	X	Preferred product: VPRIV	
Elevidys™	Gene Therapy	J3490/ J3590	X		
Elfabrio®	Enzyme replacement	J3490/ J3590	X		
Eligard®	Oncology - Injectable	J9217	O		
Elzonris®	Oncology - Injectable	J9269	O		
Emend® Injection	Oncology - Antiemetic	J1453	O		
Enhertu®	Oncology - Injectable	J9358	O		
Enjaymo®	Blood modifiers	J1302	X		
Entyvio®	Inflammatory conditions	J3380	X		
Epogen®	Erythropoiesis-stimulating agents	J0885	X	Preferred product: Retacrit	
Erbitux®	Oncology - Injectable	J9055	O		
Erwinaze®	Oncology - Injectable	J9019	O		
Evkeeza®	Rare conditions	J1305	X		
Evomela®	Oncology - Injectable	J9246	O		
Exondys 51®	Central nervous system agents	J1428	X		
Eylea®	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J0178	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®	Immune globulin	J1572	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)
X = Standard Medical Necessity
O = Oncology Requirement

Medication name	Therapeutic class	J/CPT® 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
Folotyn®	Oncology - Injectable	J9307	O		
Fosaprepitant (teva)	Oncology - Injectable	J1456	O		
Fulphila®	Neutropenia / Oncology - Injectable	Q5108	X/O	Preferred products: Ziextenzo and Neulasta	
Fylnetra®	Neutropenia / Oncology - Injectable	Q5130	X/O	Preferred products: Ziextenzo and Neulasta	
Gamifant®	Immune modulator	J9210	X		
Gammagard®	Immune globulin	J1569	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 GelSyn-3	
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 and Trazimera	
Herceptin Hylecta™	Oncology - Injectable	J3956	O	Preferred products: Kanjinti and Trazimera	
Herzuma®	Oncology - Injectable	Q5113	O	Preferred products: Kanjinti and Trazimera	
Hizentra®	Immune globulin	J1559	X		
Hyalgan®	Sodium hyaluronate	J7321	X	Preferred products: Euflexxa, Durolane, and GelSyn-3	
Hymovis®	Sodium hyaluronate	J7322	X	Preferred products: Euflexxa, Durolane, and GelSyn-3	

CPT® is a registered trademark of the American Medical Association.
SGP = Core Medical Necessity Requirement (Specialty Guidance Program)
CGP = Oncology Requirement (Cancer Guidance Program)
X = Standard Medical Necessity
O = Oncology Requirement

Medication name	Therapeutic class	J/CPT® 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
Hyqvia®	Immune globulin	J1575	X		
Ilaris®	Immune modulator	J0638	X		
Ilumya®	Inflammatory conditions	J3245	X		
Imfinzi®	Oncology - Injectable	J9173	O		
Imlygic®	Oncology - Injectable	J9325	O		
Inflectra®	Inflammatory conditions	Q5103	X		
Infugem™	Oncology - Injectable	J9198	O	Preferred product: Gemcitabine	
Injectafer®	Anemia	J1439	X	Preferred products: Venofer, Ferlecit, and Infed	
Istodax®	Oncology - Injectable	J9319	O		
Ixempra®	Oncology - Injectable	J9207	O		
Izervay™	Retinal Conditions	J3490/ J3590/ C9162	X		
Jelmyto®	Oncology - Injectable	J9281	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		
Korsuva™	Renal disease	J0879	X		
Krystexxa®	Endocrine	J2507	X		
Kymriah®	Oncology - Injectable	Q2042	X		
Kyprolis®	Oncology - Injectable	J9047	O		
Lanreotide (ciplā)	Oncology - Injectable	J1932	X/O	Preferred products: Somatuline Depot	
Lartruvo™	Oncology - Injectable	J9285	O		
Lemtrada®	Multiple sclerosis	J0202	X	Preferred products: self-administered MS medications, Ocrevus, Tysabri, or Rituximab	
Leucovorin	Oncology - Injectable	J0640	O		
Leukine®	Neutropenia / Oncology - Injectable	J2820	X/O		

CPT® is a registered trademark of the American Medical Association.
SGP = Core Medical Necessity Requirement (Specialty Guidance Program)
CGP = Oncology Requirement (Cancer Guidance Program)
X = Standard Medical Necessity
O = Oncology Requirement

Medication name	Therapeutic class	J/CPT® 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
Leuprolide acetate depot (lutrate)	Oncology – Injectable	J1954	O		
Levoleucovorin	Oncology – Injectable	J0641/ J0642	O		
Leqvio®	Cardiology	J1306	X		
Libtayo®	Oncology – Injectable	J9119	O		
Lucentis®	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J2778	X		
Lumizyme®	Enzyme replacement therapy	J0221	X		
Lumoxiti®	Oncology – Injectable	J9313	O		
LupronDepot® (3.75 mg)	Oncology – Injectable	J1950	O	Preferred products: Eligard, Lupron Depot 7.5mg (J9217)	
Lupron Depot® (7.5mg)	Oncology – Injectable	J9217	O		
Luxturna®	Gene therapy	J3398	X		
Marqibo®	Oncology – Injectable	J9371	O		
Mepsevii®	Enzyme replacement therapy	J3397	X		
Mesna	Oncology – Injectable	J9209	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	

CPT® is a registered trademark of the American Medical Association.
SGP = Core Medical Necessity Requirement (Specialty Guidance Program)
CGP = Oncology Requirement (Cancer Guidance Program)
X = Standard Medical Necessity
O = Oncology Requirement

Medication name	Therapeutic class	J/CPT® 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
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	X		
Ogivri®	Oncology - Injectable	Q5114	O	Preferred products: Kanjinti and Trazimera	
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 and Trazimera	
Opdivo®	Oncology - Injectable	J9299	O		
Orencia® IV	Inflammatory conditions	J0129	X		
Orthovisc®	Sodium hyaluronate	J7324	X	Preferred products: Euflexxa, Durolane, and GelSyn-3	
Oxlumo®	Endocrine	J0224	X		
Padcev®	Oncology - Injectable	J9177	O		
Panzyga®	Immune globulin	J1576	X		
Parsabiv®	Endocrine	J0606	X	Preferred product: Sensipar	
Pemfexy®	Oncology - Injectable	J9304	O		
Perjeta®	Oncology - Injectable	J9306	O		
Phesgo®	Oncology - Injectable	J9316	O		
Photrexa®	Ophthalmologic Agents	J2787	X		
Polivy®	Oncology - Injectable	J9309	O		
Poteligeo®	Oncology - Injectable	J9204	O		
Privigen®	Immune globulin	J1459	X		
Procrit®	Erythropoiesis-stimulating agents	J0885	X	Preferred product: Retacrit	

CPT® is a registered trademark of the American Medical Association.
SGP = Core Medical Necessity Requirement (Specialty Guidance Program)
CGP = Oncology Requirement (Cancer Guidance Program)
X = Standard Medical Necessity
O = Oncology Requirement

Medication name	Therapeutic class	J/CPT® 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
Prolastin®-C	Alpha1-proteinase inhibitors	J0256	X		
Proleukin®	Oncology - Injectable	J9015	O		
Prolia®	Oncology - Injectable	J0897	O		
Provenge®	Oncology - Injectable	Q2043	O		
Purified Cortrophin® Gel	Endocrine	J0802	X		
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	
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	
Roctavian™	Gene therapy	J1412	X		
Rolvedon®	Neutropenia / Oncology - Injectable	J1449	X/O	Preferred products: Ziextenzo and Neulasta	
Ruconest®	Hematologic	J0596	X		
Ruxience®	Immunomodulatory agents	Q5119	X/O		
Ryplazim®	Rare conditions	J2998	X		
Rystiggo®	Fc receptor antagonist	J9333	X		
Saphnelo®	Immune modulator	J0491	X	Preferred product: Benlysta	
Sarclisa®	Oncology - Injectable	J9227	O		
Simponi ARIA®	Inflammatory conditions	J1602	X		
Skyrizi® IV	Inflammatory conditions	J2327	X		
Skysona™	Gene therapy	J3490/ J3590	X		
Soliris®	Blood-modifying agents	J1300	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)
X = Standard Medical Necessity
O = Oncology Requirement

Medication name	Therapeutic class	J/CPT® 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
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		
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	
Tecartus®	Oncology - Injectable	Q2053	O		
Tecentriq®	Oncology - Injectable	J9022	O		
Temodar®	Oncology - Injectable	J9328	O		
Tepezza®	Endocrine	J3241	X		
Tezspire®	Asthma	J2356	X		
Torisel®	Oncology - Injectable	J9330	O		
Trazimera®	Oncology - Injectable	Q5116	O		
Treanda®	Oncology - Injectable	J9033	O		
Trelstar®	Gonadotropin-releasing hormone Analogs	J3315	X		
Triluron®	Sodium hyaluronate	J7332	X	Preferred products: Euflexxa, Durolane, and GelSyn-3	

CPT® is a registered trademark of the American Medical Association.
SGP = Core Medical Necessity Requirement (Specialty Guidance Program)
CGP = Oncology Requirement (Cancer Guidance Program)
X = Standard Medical Necessity
O = Oncology Requirement

Medication name	Therapeutic class	J/CPT® 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
Triptodur®	Gonadotropin-releasing hormone analogs	J3316	X		
TriVisc®	Sodium hyaluronate	J7329	X	Preferred products: Euflexxa, Durolane, and GelSyn-3	
Trodelvy®	Oncology - Injectable	J9317	O		
Trogarzo®	HIV	J1746	X		
Truxima®	Immunomodulatory agents	Q5115	X/O		
Tysabri®	Multiple sclerosis	J2323	X		
Tzield®	Endocrine	J9381	X		
Udenyca®	Neutropenia / Oncology - Injectable	Q5111	X/O	Preferred products: Ziextenzo and Neulasta	
Ultomiris®	Blood-modifying agents	J1303	X		
Uplizna®	Immune modulator	J1823	X		
Vabysmo®	Ophthalmologic vascular endothelial growth factor (VEGF) inhibitor	J2777	X		
Valstar®	Oncology - Injectable	J9357	O		
Vantas®	Oncology - Injectable	J9225	O		
Vectibix®	Oncology - Injectable	J9303	O		
Vegzelma®	Oncology - Injectable	Q5129	O	Preferred product: Mvasi	
Velcade®	Oncology - Injectable	J9041	O		
Veopoz™	Rare Conditions	J3490/ J3590	X		
Viltepso®	Central nervous system agents	J1427	X		
Vimizim®	Enzyme replacement therapy	J1322	X		
Visco-3™	Sodium hyaluronate	J7321	X	Preferred products: Euflexxa, Durolane, and GelSyn-3	
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		

CPT® is a registered trademark of the American Medical Association.
SGP = Core Medical Necessity Requirement (Specialty Guidance Program)
CGP = Oncology Requirement (Cancer Guidance Program)
X = Standard Medical Necessity
O = Oncology Requirement

Medication name	Therapeutic class	J/CPT® 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
Vyvgart®	Central nervous system agents	J9332	X		
Vyvgart® Hytrulo	Central nervous system agents	J9334	X		
Xembify®	Immune globulin	J1558	X		
Xenpozyme®	Enzyme replacement	J0218	X		
Xgeva®	Oncology - Injectable	J0897	O		
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		
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		
Zynteglo®	Gene therapy	J3490/ J3590	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)
X = Standard Medical Necessity
O = Oncology Requirement

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).
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

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.

