

# UnitedHealthcare Medicare Advantage Medical Policy Update Bulletin: July 2026

## Medical Policy Updates

Click the document title in the table below to view a complete copy of the revised Medical Policy.

Revised		
Policy Title	Effective Date	Summary of Changes
<a href="#">Medications/Drugs (Outpatient/Part B)</a>	Jul. 1, 2026	<p><b>Coverage Rationale</b> <b>Other Examples of Specific Drugs/Medications</b></p> <ul style="list-style-type: none"> <li>• Added coverage guidelines for Xtrenbo™ (denosumab-qbde) to indicate:               <ul style="list-style-type: none"> <li>○ Step therapy is required; refer to the UnitedHealthcare Medicare Advantage Drug Policy titled <i>Medicare Part B Step Therapy Programs</i></li> <li>○ Refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Oncology Medication Clinical Coverage</i></li> </ul> </li> <li>• Updated list of applicable drugs/medications for:               <ul style="list-style-type: none"> <li>○ Bomynta® (denosumab-bnht); added Bilprevda® (denosumab-nxxp) and Xbryk™ (denosumab-dssb)</li> <li>○ Leucovorin/Levoleucovorin; added Vykoura™ (leucovorin calcium)</li> </ul> </li> <li>• Revised coverage guidelines for:               <ul style="list-style-type: none"> <li>○ Avtozma® (tocilizumab-anoh); added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Tocilizumab Injection for Intravenous Infusion</i> for states without Local Coverage Determinations (LCDs) or Local Coverage Articles (LCAs)</li> <li>○ Bilyos® (denosumab-nxxp), Enoby™ (denosumab-qbde), Exdensur (depemokimab), and Ospomyv® (denosumab-dssb); added instruction to refer to the UnitedHealthcare Medicare Advantage Drug Policy titled <i>Medicare Part B Step Therapy Programs</i></li> </ul> </li> </ul>

## General Information

The inclusion of a health service (e.g., test, drug, device, or procedure) in this bulletin indicates only that UnitedHealthcare has recently adopted a new policy and/or updated, revised, replaced, or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

**Note:** The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable CMS, federal, or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Medical Policy Update Bulletin was developed to share important information regarding changes to our Medicare Advantage Medical Policies and Medical Benefit Drug Policies. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

## Policy Update Classifications

### *New*

New coverage guidelines have been adopted for a health service (e.g., test, drug, device, or procedure)

### *Updated*

An existing policy has been reviewed and changes have not been made to the coverage guidelines; however, items such as the definitions, clinical evidence, FDA information, references, and/or list(s) of applicable codes may have been updated

### *Revised*

An existing policy has been reviewed and revisions have been made to the coverage guidelines

### *Replaced*

An existing policy has been replaced with a new or different policy

### *Retired*

An existing policy has been retired



The complete library of UnitedHealthcare Medicare Advantage Medical Policies and Medical Benefit Drug Policies is available at [UHCprovider.com/policies](https://UHCprovider.com/policies) > For Medicare Advantage Plans > [Medical Policies](#).