



# Medical benefit specialty medication update bulletin – June 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
<b>Ponlinsi™</b> (denosumab-adet) <i>Biosimilar to Prolia®</i>	J3490/J3590/C9399			X	
<b>Wainua®</b> (eplontersen)	J3490/J3590/C9399	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](https://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](https://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](https://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](http://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](#).

<b>Specialty medical injectable medications added to Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs – UnitedHealthcare Commercial – Effective September 1, 2026</b>				
<b>Excluded Medication</b>	<b>HCPCs Code(s)</b>	<b>Therapeutic Class</b>	<b>Other Options</b>	<b>Other Options HCPCs Code(s)</b>
<b>Avgemsi™</b> (gemcitabine)	J9184	Oncology	gemcitabine	J9196, J9201
<b>Axtle™</b> (pemetrexed)	J9292	Oncology	pemetrexed	J9294, J9297, J9305
<b>Boruzu®</b> (bortezomib)	J9054	Oncology	bortezomib	J9041, J9049
<b>Cinvanti®</b> (aprepitant)	J0185	Anti-emetic	fosaprepitant	J1453, J1456
<b>cyclophosphamide</b> (Sandoz, Baxter)	J9074, J9076	Oncology	cyclophosphamide (Auromedic, Dr. Reddy's, not otherwise stated)	J9071, J9073, J9075
<b>Docivyx®</b> (docetaxel)	J9172	Oncology	docetaxel	J9171
<b>Focinvez™</b> (fosaprepitant)	J1434	Anti-emetic	fosaprepitant	J1453, J1456
<b>Frindovyx™</b> (cyclophosphamide)	J9072	Oncology	cyclophosphamide	J9071, J9073, J9075
<b>Posfrea™</b> (palonosetron)	J2468	Anti-emetic	palonosetron	J2469
<b>Pemfexy®</b> (pemetrexed)	J9304	Oncology	pemetrexed	J9294, J9297, J9305
<b>Pemrydi RTU®</b> (pemetrexed)	J9324	Oncology	pemetrexed	J9294, J9297, J9305

For additional information, please refer to: <https://www.uhcprovider.com/en/resource-library/news/2026/injectable-oncology-drugs-update.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 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 July 1, 2026**

Medication Name	HCPCs Code(s)	Specialty Pharmacy
<b>Itvisma</b> <sup>®</sup> (onasemnogene abeparvovec-brve)	J3490/J3590/C9309	Accredo Health Group

**Specialty medical injectable medications added to Medication Sourcing for Outpatient Hospital Providers Only – UnitedHealthcare Commercial – Effective July 1,2026**

Medication Name	HCPCs Code(s)	Specialty Pharmacy
<b>Avtozma</b> <sup>®</sup> (tocilizumab-anoh) <i>Biosimilar to Actemra</i> <sup>®</sup>	Q5156	Amber Specialty Pharmacy Caremark (CVS Specialty)



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.

