

# Clinical program summary

UnitedHealthcare Individual Exchange plans

All medications listed have an associated Medical Drug policy. These drugs are covered under the medical benefit. For more information, see [UnitedHealthcare Individual Exchange Medical & Drug Policies and Coverage Determination Guidelines](#).

## Legend

X = Standard medical necessity

O = Oncology prior authorization

R = Review at launch

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Abecma®	Cellular Therapy	Q2055	O		
Abraxane®	Oncology - Injectable	J9264	O		
Actemra®	Inflammatory Conditions	J3262	X		
Acthar® Gel	Endocrine	J0801	X		
Actimmune®	Oncology - Injectable	J9216	O		
Adakveo®	Sickle Cell Disease	J0791	X		
Adcetris®	Oncology - Injectable	J9042	O		
Adstiladrin®	Oncology - Injectable	J9029	O		
Advate®	Hemophilia	J7192	X		
Adynovate®	Hemophilia	J7207	X		
Adzynma	Hematologic	J7171	X		
Afstyla®	Hemophilia	J7210	X		
Ahzantive™	Ophthalmologic VEGF Inhibitors	Q5150	R		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Aldurazyme®</b>	Enzyme Replacement Therapy	J1931	X		
<b>Alhemo®</b>	Hemophilia	J7173	X		
<b>Alimta®</b>	Oncology - Injectable	J9305	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Aliqopa®</b>	Oncology - Injectable	J9057	O		
<b>Alphanate®</b>	Hemophilia	J7186	X		
<b>AlphaNine® SD</b>	Hemophilia	J7193	X		
<b>Alprolix®</b>	Hemophilia	J7201	X		
<b>Altuviio®</b>	Hemophilia	J7214	X		
<b>Alyglo®</b>	Immune Globulin	J1552	X	Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen, Xembify	
<b>Alymsys®</b>	Oncology - Injectable	Q5126	O	Mvasi	
<b>Amondys-45®</b>	Central Nervous System Agents	J1426	X		
<b>Amtagvi®</b>	Cellular therapy	J3490/ J3590	X		
<b>Amvuttra®</b>	Central Nervous System Agents	J0225	X		
<b>Anktiva®</b>	Oncology - Injectable	J9028	O		
<b>Aphexda®</b>	Oncology - Injectable	J2277	O		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Aprepitant</b>	Oncology - Injectable	J0185	O	Reference <b>Antiemetics for Oncology Medical Drug Policy</b>	
<b>Aralast® NP</b>	Alpha1-proteinase Inhibitors	J0256	X		
<b>Arranon®</b>	Oncology - Injectable	J9261	O		
<b>Arzerra®</b>	Oncology - Injectable	J9302	O		
<b>Asceniv™</b>	Immune Globulin	J1554	X	Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen, Xembify	
<b>Asparlas®</b>	Oncology - Injectable	J9118	O		
<b>Aucatzyl®</b>	Cellular therapy	Q2058	X		
<b>Aukelso™</b>	Oncology - Injectable	Q5161	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Avastin®</b>	Ophthalmologic VEGF Inhibitors/Oncology - Injectable	J9035	O	Oncology: Mvasi	
<b>Avgemsi™</b>	Oncology - Injectable	J9184	O		
<b>Avsola®</b>	Inflammatory Conditions	Q5121	X		
<b>Avtozma®</b>	Inflammatory Conditions	Q5156	R		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Axtle®</b>	Oncology - Injectable	J9292	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Azmiro™</b>	Endocrine	J1072	X	generic testosterone cypionate	
<b>Bavencio®</b>	Oncology - Injectable	J9023	O		
<b>Beizray™</b>	Oncology - Injectable	J9174	O		
<b>Beleodaq®</b>	Oncology - Injectable	J9032	O		
<b>Belrapzo®</b>	Oncology - Injectable	J9036	O		
<b>Bendamustine</b>	Oncology - Injectable	J9033/ J9034/ J9036/ J9056	O		
<b>Bendeka®</b>	Oncology - Injectable	J9034	O		
<b>Benefix®</b>	Hemophilia	J7195	X		
<b>Benlysta®</b>	Immune Modulator	J0490	X		
<b>Beovu®</b>	Ophthalmologic VEGF Inhibitors	J0179	X	Avastin, Cimerli, Eylea, Eylea HD, Lucentis, Pavblu, Vabysmo	
<b>Beqvez™</b>	Gene Therapy	J1414	X		
<b>Berinert®</b>	Hematologic	J0597	X	Ruconest	
<b>Besponsa®</b>	Oncology - Injectable	J9229	O		
<b>BiCNU®</b>	Oncology - Injectable	J9050	O		
<b>Bildyos®</b>	Osteoporosis/ Oncology - Injectable	Q5162	R/O	Oncology: <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Bilprevda®</b>	Oncology - Injectable	Q5162	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Bivigam®</b>	Immune Globulin	J1556	X		
<b>Bizengri®</b>	Oncology - Injectable	J9382	O		
<b>Bkemv®</b>	Blood Modifying Agents	Q5152	X		
<b>Blenrep</b>	Oncology - Injectable	J9037	O		
<b>Bleomycin</b>	Oncology - Injectable	J9040	O		
<b>Blincyto®</b>	Oncology - Injectable	J9039	O		
<b>Bludigo®</b>	Oncology - Injectable	J9220	O		
<b>Bomynta®</b>	Oncology - Injectable	Q5158	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Boncreta®</b>	Osteoporosis	J3490/ J3590	R		
<b>Bortezomib</b>	Oncology - Injectable	J9041/ J9046/ J9048/ J9049/ J9051	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Boruzu®</b>	Oncology - Injectable	J9054	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Bosaya™</b>	Osteoporosis/ Oncology - Injectable	Q5161	R/O	Oncology: Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Botox®</b>	Botulinum toxins A and B	J0585			
<b>Breyanzi®</b>	Cellular Therapy	Q2054	O		
<b>Brineura®</b>	Enzyme Replacement Therapy	J0567	X		
<b>Briumvi®</b>	Multiple Sclerosis	J2329	X		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Busulfan	Oncology - Injectable	J0594	O		
Byooviz®	Ophthalmologic VEGF Inhibitors	Q5124	X	Avastin, Cimerli, Eylea, Eylea HD, Lucentis, Pavblu, Vabysmo	
Cabenuva®	HIV	J0741			
Camcevi®	Oncology - Injectable	J1952	O		
Camcevi ETM®	Oncology - Injectable	J9003	O		
Carboplatin	Oncology - Injectable	J9045	O		
Carmustine	Oncology - Injectable	J9052	O		
Carvykti®	Cellular Therapy	Q2056	O		
Casgevy®	Gene Therapy	J3392	X		
Cerezyme®	Enzyme Deficiency (Gaucher's disease)	J1786	X	VPRIV	
Cimerli®	Ophthalmologic VEGF Inhibitors	Q5128			
Cimzia®	Inflammatory Conditions	J0717	X		
Cinqair®	Asthma	J2786	X	Fasenra, Nucala	
Cinryze®	Hematologic	J0598	X		
Cinvanti®	Oncology - Injectable	J0185	O	Reference <b>Antiemetics for Oncology Medical Drug Policy</b>	
Cisplatin	Oncology - Injectable	J9060	O		
Cladribine	Oncology - Injectable	J9065	O		
Clofarabine	Oncology - Injectable	J9027	O		
Coagadex®	Hemophilia	J7175	X		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Conexence®	Osteoporosis/ Oncology - Injectable	Q5158	R/O	Oncology: Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Columvi™	Oncology - Injectable	J9286	O		
Corifact®	Hemophilia	J7180	X		
Cortrophin® Gel	Endocrine	J0802	X		
Cosela®	Oncology - Injectable	J1448	O		
Cosentyx® IV	Inflammatory Conditions	J3247	X		
Cosmegen®	Oncology - Injectable	J9120	O		
Crysvita®	Endocrine	J0584	X		
Cutaquig®	Immune Globulin	J1551	X		
Cuvitru®	Immune Globulin	J1555	X		
Cyclophosphamide	Oncology - Injectable	J9071/ J9073/ J9074/ J9075/ J9076	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Cyramza®	Oncology - Injectable	J9308	O		
Cytarabine	Oncology - Injectable	J9100	O		
Dacarbazine	Oncology - Injectable	J9130	O		
Danyelza®	Oncology - Injectable	J9348	O		
Darzalex Faspro®	Oncology - Injectable	J9144	O		
Darzalex®	Oncology - Injectable	J9145	O		
Datroway®	Oncology - Injectable	J9011	O		
Daunorubicin	Oncology - Injectable	J9150	O		
Daxxify®	Botulinum toxins A and B	J0589	X	Botox, Dysport, Xeomin	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
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Dexrazoxane	Oncology - Injectable	J1190	O		
Docetaxel	Oncology - Injectable	J9171	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Docivyx™	Oncology - Injectable	J9172	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Doxil®	Oncology - Injectable	Q2050	O		
Doxorubicin	Oncology - Injectable	J9000	O		
Durolane®	Sodium Hyaluronate	J7318			
Dysport®	Botulinum toxins A and B	J0586			
Elahere®	Oncology - Injectable	J9063	O		
Elaprase®	Enzyme Replacement Therapy	J1743	X		
Elelyso®	Enzyme Deficiency (Gaucher's disease)	J3060	X	VPRIV	
Elevidys®	Gene Therapy	J1413	X		
Elfabrio®	Enzyme Replacement Therapy	J2508	X		
Eligard®	Gonadotropin Releasing Hormone Analogs/Oncology - Injectable	J9217	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Eloctate®	Hemophilia	J7205	X		
Elrexio®	Oncology - Injectable	J1323	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Elzonris®	Oncology - Injectable	J9269	O		
Empliciti®	Oncology - Injectable	J9176	O		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Emrelis™	Oncology - Injectable	J9326	O		
Encelto™	Gene Therapy	J3403	X		
Enhertu®	Oncology - Injectable	J9358	O		
Enjaymo®	Blood Modifying Agents	J1302	X		
Enoby™	Osteoporosis	J3490/ J3590/ C9399	R		
Entyvio®	Inflammatory Conditions	J3380	X		
Enzeevu®	Ophthalmologic VEGF Inhibitors	Q5149	R		
Epirubicin	Oncology - Injectable	J9178	O		
Epkinly™	Oncology - Injectable	J9321	O		
Epogen®	Erythropoiesis-stimulating Agents	J0885	X/O	Retacrit	
Epysqli®	Blood Modifying Agents	Q5151	X		
Erbix™	Oncology - Injectable	J9055	O		
Esperoct®	Hemophilia	J7204	X		
Etoposide	Oncology - Injectable	J9181	O		
Euflexxa®	Sodium Hyaluronate	J7323			
Evenity®	Osteoporosis	J3111			
Evkeeza®	Rare Conditions	J1305	X		
Evomela®	Oncology - Injectable	J9246	O		
Exdensur	Asthma	J3490/ J3590/ C9399	R		
Exondys 51®	Central Nervous System Agents	J1428	X		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
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<b>Eydenzelt®</b>	Ophthalmologic VEGF Inhibitors	J3490/ J3590	R		
<b>Eylea®</b>	Ophthalmologic VEGF Inhibitors	J0178			
<b>Eylea® HD</b>	Ophthalmologic VEGF Inhibitors	J0177			
<b>Fabrazyme®</b>	Enzyme Replacement Therapy	J0180	X		
<b>Fasenra®</b>	Asthma	J0517	X		
<b>Feiba® NF</b>	Hemophilia	J7198	X		
<b>Fensolvi®</b>	Gonadotropin Releasing Hormone Analogs/Oncology - Injectable	J1951			
<b>Feraheme®</b>	Anemia	Q0138/ Q0139	X	self-administered MS medications, Briumvi, Ocrevus, Tysabri, Rituximab	
<b>Fibryga®</b>	Hemophilia	J7177	X		
<b>Firmagon®</b>	Gonadotropin Releasing Hormone Analogs/Oncology - Injectable	J9155	O		
<b>Flebogamma® DIF</b>	Immune Globulin	J1572	X		
<b>Floxuridine</b>	Oncology - Injectable	J9200	O		
<b>Fludarabine</b>	Oncology - Injectable	J9185	O		
<b>Fluorouracil</b>	Oncology - Injectable	J9190	O		
<b>Focinvez™</b>	Oncology - Injectable	J1434	O	Reference <b>Antiemetics for Oncology Medical Drug Policy</b>	
<b>Folotyn®</b>	Oncology - Injectable	J9307	O		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Fosaprepitant Injection</b>	Oncology - Injectable	J1453/ J1456	O	Reference <b>Antiemetics for Oncology Medical Drug Policy</b>	
<b>Fosnetupitant and Palonosetron Injection</b>	Oncology - Injectable	J1454	O	Reference <b>Antiemetics for Oncology Medical Drug Policy</b>	
<b>Frindovyx™</b>	Oncology - Injectable	J9072	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Fulphila®</b>	Neutropenia/ Oncology - Injectable	Q5108	X/O	Udenyca, Neulasta	
<b>Fulvestrant</b>	Oncology - Injectable	J9394/ J9395	O		
<b>Fyarro®</b>	Oncology - Injectable	J9331	O		
<b>Fylnetra®</b>	Neutropenia/ Oncology - Injectable	Q5130	X/O	Udenyca, Neulasta	
<b>Gamifant®</b>	Immune Modulator/Oncology - Injectable	J9210	X/O		
<b>Gammagard®</b>	Immune Globulin	J1569	X		
<b>Gammagard® S/D</b>	Immune Globulin	J1566	X		
<b>Gammaked™</b>	Immune Globulin	J1561	X		
<b>Gammaplex®</b>	Immune Globulin	J1557	X		
<b>Gamunex®-C</b>	Immune Globulin	J1561	X		
<b>Gazyva®</b>	Immune Modulator/Oncology - Injectable	J9301	X/O		
<b>Gel-One®</b>	Sodium Hyaluronate	J7326	X	Durolane, Euflexxa, GelSyn-3	
<b>Gelsyn-3®</b>	Sodium Hyaluronate	J7328			

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Gemcitabine</b>	Oncology - Injectable	J9201/ J9196	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>GenVisc® 850</b>	Sodium Hyaluronate	J7320	X	Durolane, Euflexxa, GelSyn-3	
<b>Givlaari®</b>	Blood Modifying Agents	J0223	X		
<b>Glassia®</b>	Alpha1-proteinase Inhibitors	J0257	X		
<b>Granisetron ER</b>	Oncology - Injectable	J1627	O	Reference <b>Antiemetics for Oncology Medical Drug Policy</b>	
<b>Granix®</b>	Neutropenia/ Oncology - Injectable	J1447	X/O	Zarxio, Nivestym	
<b>Halaven®</b>	Oncology - Injectable	J9179	O		
<b>Hemgenix®</b>	Gene therapy	J1411	X		
<b>Hemlibra®</b>	Hemophilia	J7170	X		
<b>Hemofil® M</b>	Hemophilia	J7190	X		
<b>Herceptin Hylecta™</b>	Oncology - Injectable	J9356	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Herceptin®</b>	Oncology - Injectable	J9355	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Hercessi™</b>	Oncology - Injectable	Q5146	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Herzuma®</b>	Oncology - Injectable	Q5113	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
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Hizentra®	Immune Globulin	J1559	X		
Humate-P®	Hemophilia	J7187	X		
Hyalgan®	Sodium Hyaluronate	J7321	X	Durolane, Euflexxa, GelSyn-3	
Hycamtin®	Oncology - Injectable	J9351	O		
Hymovis®	Sodium Hyaluronate	J7322	X	Durolane, Euflexxa, GelSyn-3	
Hypavzi™	Hemophilia	J7172	X		
Hyqvia®	Immune Globulin	J1575	X		
Idarubicin	Oncology - Injectable	J9211	O		
Idelvion®	Hemophilia	J7202	X		
Ifosfamide	Oncology - Injectable	J9208	O		
Ilaris®	Immune Modulator	J0638	X		
Ilumya®	Inflammatory Conditions	J3245	X	Cimzia, preferred adalimumab products, preferred ustekinumab products, Skyrizi	
Imaavy™	Central Nervous System Agents	J9256	X		
Imdelltra®	Oncology - Injectable	J9026	O		
Imfinzi®	Oncology - Injectable	J9173	O		
Imjudo®	Oncology - Injectable	J9347	O		
Imlygic®	Oncology - Injectable	J9325	O		
Imuldosa®	Inflammatory Conditions	Q5098	X	Steqeyma, Wezlana, Yesintek	
Inflectra®	Inflammatory Conditions	Q5103	X		
Infugem™	Oncology - Injectable	J9198	O		
Injectafer®	Anemia	J1439	X	Venofer, Ferrlecit, Infed	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
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<b>Inlexzo™</b>	Oncology - Injectable	J9183	O		
<b>Irinotecan</b>	Oncology - Injectable	J9206	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Istodax®</b>	Oncology - Injectable	J9319	O		
<b>Itvisma®</b>	Gene Therapy	C9309	R		
<b>Ixempra®</b>	Oncology - Injectable	J9207	O		
<b>Ixinity®</b>	Hemophilia	J7213	X		
<b>Izervay®</b>	Complement Inhibitor - Ophthalmologic Use	J2782	X		
<b>Jelmyto®</b>	Oncology - Injectable	J9281	O		
<b>Jemperli</b>	Oncology - Injectable	J9272	O		
<b>Jevtana®</b>	Oncology - Injectable	J9043	O		
<b>Jivi®</b>	Hemophilia	J7208	X		
<b>Jobevne™</b>	Oncology - Injectable	Q5160	O	Mvasi	
<b>Jubbonti®</b>	Osteoporosis/ Oncology - Injectable	Q5136	X/O	Osteoporosis: Prolia, Stoboclo Oncology: Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Kadcyla®</b>	Oncology - Injectable	J9354	O		
<b>Kalbitor®</b>	Hematologic	J1290	X		
<b>Kanjinti®</b>	Oncology - Injectable	Q5117	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Kanuma®</b>	Enzyme Replacement Therapy	J2840	X		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
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<b>Kebilidi</b> <sup>®</sup>	Gene Therapy	J3490/ J3590	X		
<b>Keytruda</b> <sup>®</sup>	Oncology - Injectable	J9271	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Keytruda Qlex</b> <sup>™</sup>	Oncology - Injectable	J9277	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Khazory</b> <sup>®</sup>	Oncology - Injectable	J0642	O		
<b>Kimmtrak</b> <sup>®</sup>	Oncology - Injectable	J9274	O		
<b>Kisunla</b> <sup>®</sup>	Central Nervous System Agents	J0175	X		
<b>Koate</b> <sup>®</sup>	Hemophilia	J7190	X		
<b>Kogenate</b> <sup>®</sup> FS	Hemophilia	J7192	X		
<b>Korsuva</b> <sup>®</sup>	End Stage Renal Disease	J0879	X		
<b>Kovaltry</b> <sup>®</sup>	Hemophilia	J7211	X		
<b>Krystexxa</b> <sup>®</sup>	Endocrine	J2507	X		
<b>Kymriah</b> <sup>®</sup>	Cellular Therapy	Q2042	O		
<b>Kyprolis</b> <sup>®</sup>	Oncology - Injectable	J9047	O		
<b>Kyxata</b> <sup>™</sup>	Oncology - Injectable	J9278	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Lamzedo</b> <sup>®</sup>	Enzyme Replacement Therapy	J0217	X		
<b>Lanreotide</b>	Oncology - Injectable	J1932	O		
<b>Lantidra</b> <sup>™</sup>	Cellular Therapy	J3490/ J3590	X		
<b>Lartruvo</b> <sup>™</sup>	Oncology - Injectable	J9285	O		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
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Lemtrada®	Multiple Sclerosis	J0202	X	Self-administered MS medications, Briumvi, Ocrevus, Tysabri, Rituximab	
Lenmeldy™	Gene therapy	J3391	X		
Leqembi®	Central Nervous System Agents	J0174	X		
Leqvio®	Cardiology	J1306	X	PCSK9 inhibitor (pharmacy benefit)	
Leucovorin	Oncology - Injectable	J0640	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Leukine®	Oncology - Injectable	J2820	O		
Leuprolide	Gonadotropin Releasing Hormone Analogs/Oncology - Injectable	J9218	O		
Leuprolide Depot	Oncology - Injectable	J1954	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Levoleucovorin	Oncology - Injectable	J0641/ J0642	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Libtayo®	Oncology - Injectable	J9119	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Loargys®	Enzyme Replacement Therapy	J3490/ J3590	R		
Loqtorzi®	Oncology - Injectable	J3263	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Lucentis®	Ophthalmologic VEGF Inhibitors	J2778			
Lumizyme®	Enzyme Replacement Therapy	J0221	X		
Lumoxiti®	Oncology - Injectable	J9313	O		
Lunsumio®	Oncology - Injectable	J9350	O		
Lupron Depot® (7.5mg)	Oncology - Injectable	J9217	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Lupron Depot® (3.75 mg)	Oncology - Injectable	J1950	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Luxturna®	Gene therapy	J3398	X		
Lyfgenia™	Gene therapy	J3394	X		
Lymphir™	Oncology - Injectable	J9161	O		
Lynozytic™	Oncology - Injectable	J9601	O		
Margenza®	Oncology - Injectable	J9353	O		
Marqibo®	Oncology - Injectable	J9371	O		
Melphalan	Oncology - Injectable	J9245/ J9246/ J9248/ J9249	O		
Mepsevii®	Enzyme Replacement Therapy	J3397	X		
Mesna	Oncology - Injectable	J9209	O		
Methotrexate	Oncology - Injectable	J9260/ J9255	O		
Mitomycin	Oncology - Injectable	J9280	O		
Mitoxantrone	Oncology - Injectable	J9293	O		
Monjuvi®	Oncology - Injectable	J9349	O		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>MonoFerric®</b>	Anemia	J1437	X	self-administered MS medications, Briumvi, Ocrevus, Tysabri, Rituximab	
<b>Mononine®</b>	Hemophilia	J7193	X		
<b>Monovisc®</b>	Sodium Hyaluronate	J7327	X	Durolane, Euflexxa, GelSyn-3	
<b>Mvasi®</b>	Oncology - Injectable	Q5107	O		
<b>Mylotarg™</b>	Oncology - Injectable	J9203	O		
<b>Myobloc®</b>	Botulinum toxins A and B	J0587	X	Botox, Dysport, Xeomin	
<b>Naglazyme®</b>	Enzyme Replacement Therapy	J1458	X		
<b>Neulasta®</b>	Neutropenia/ Oncology - Injectable	J2506	X/O		
<b>Neupogen®</b>	Neutropenia/ Oncology - Injectable	J1442	X/O	Zarxio, Nivestym	
<b>Nexviazyme®</b>	Enzyme Replacement Therapy	J0219	X		
<b>Niktimvo™</b>	Hematologic	J9038	X		
<b>Nipent™</b>	Oncology - Injectable	J9268	O		
<b>Nivestym®</b>	Neutropenia/ Oncology - Injectable	Q5110	X/O		
<b>Novoeight®</b>	Hemophilia	J7182	X		
<b>NovoSeven® RT</b>	Hemophilia	J7189	X		
<b>Nucala</b>	Asthma	J2182	X		
<b>Nufymco®</b>	Ophthalmologic VEGF Inhibitors	J3490/ J3590	R		
<b>Nulibry®</b>	Enzyme Replacement Therapy	J1809	X		
<b>Nuwiq®</b>	Hemophilia	J7209	X		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Nypozi®	Neutropenia/ Oncology - Injectable	Q5148	X/O	Zarxio, Nivestym	
Nyvepria™	Neutropenia/ Oncology - Injectable	Q5122	X/O	Udenyca, Neulasta	
Obizur®	Hemophilia	J7188	X		
Ocrevus Zunovo®	Multiple Sclerosis	J2351	X		
Ocrevus®	Multiple Sclerosis	J2350	X		
Octagam®	Immune Globulin	J1568	X		
Ogivri®	Oncology - Injectable	Q5114	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Omvoh® IV	Inflammatory Conditions	J2267	X		
Oncaspar®	Oncology - Injectable	J9266	O		
Onivyde®	Oncology - Injectable	J9205	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Onpattro®	Central Nervous System Agents	J0222	X		
Ontruzant®	Oncology - Injectable	Q5112	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Opdivo Qvantig™	Oncology - Injectable	J9289	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Opdivo®	Oncology - Injectable	J9299	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Opdualag™	Oncology - Injectable	J9298	O		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Opuviz®</b>	Ophthalmologic VEGF Inhibitors	J3490/ J3590	R		
<b>Orencia® IV</b>	Inflammatory Conditions	J0129	X		
<b>Orthovisc®</b>	Sodium Hyaluronate	J7324	X	Durolane, Euflexxa, GelSyn-3	
<b>Osenvelt®</b>	Oncology - Injectable	Q5157	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Ospomyv™</b>	Osteoporosis	Q5159	R		
<b>Osvyrti®</b>	Osteoporosis	J3490/ J3590	R		
<b>Otufi® IV</b>	Inflammatory Conditions	Q9999	X	Steqeyma, Wezlana, Yesintek	
<b>Oxaliplatin</b>	Oncology - Injectable	J9263	O		
<b>Oxlumo®</b>	Endocrine	J0224	X		
<b>Paclitaxel</b>	Oncology - Injectable	J9264/ J9267	O		
<b>Padcev®</b>	Oncology - Injectable	J9177	O		
<b>Palonosetron</b>	Oncology - Injectable	J2469	O	Reference <b>Antiemetics for Oncology Medical Drug Policy</b>	
<b>Panzyga®</b>	Immune Globulin	J1576	X	Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen, Xembify	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Papzimeos™	Gene Therapy	J3404	X		
Parsabiv®	Endocrine	J0606	X	Sensipar	
Pavblu™	Ophthalmologic VEGF Inhibitors	Q5147			
Pemetrexed	Oncology - Injectable	J9294/ J9296/ J9297/ J9305/ J9314/ J9322	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Pemfexy®	Oncology - Injectable	J9304	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Pemrydi RTU®	Oncology - Injectable	J9324	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Perjeta®	Oncology - Injectable	J9306	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Phesgo®	Oncology - Injectable	J9316	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Photofrin®	Oncology - Injectable	J9600	O		
PiaSky™	Blood Modifying Agents	J1307	X	Bkemv, Empaveli, Epysqli, Fabhalta	
Polivy®	Oncology - Injectable	J9309	O		
Pombiliti®	Enzyme Replacement Therapy	J1203	X		
Posfrea™	Oncology - Injectable	J2468	O	Reference <b>Antiemetics for Oncology Medical Drug Policy</b>	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Poteligeo®	Oncology - Injectable	J9204	O		
Privigen®	Immune Globulin	J1459	X		
Procrit®	Erythropoiesis-stimulating Agents/Oncology - Injectable	J0885	X/O	Retacrit	
Profilnine®	Hemophilia	J7194	X		
Prolastin®-C	Alpha1-proteinase Inhibitors	J0256	X		
Proleukin®	Oncology - Injectable	J9015	O		
Prolia®	Oncology - Injectable	J0897	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Provenge®	Oncology - Injectable	Q2043	O		
Pyzchiva® IV	Inflammatory Conditions	Q9997	X	Steqeyma, Wezlana, Yesintek	
Qalsody®	Central Nervous System Agents	J1304	X		
Qfitlia™	Hemophilia	Q7174	X	Hympavzi	
Qivigy®	Immune Globulin	J3490/ J3590/ J1599	R		
Radicava®	Central Nervous System Agents	J1301	X		
Rebinyn®	Hemophilia	J7203	X		
Reblozyl®	Anemia/Oncology - Injectable	J0896	X/O		
Recombinate™	Hemophilia	J7192	X		
Releuko®	Neutropenia/Oncology - Injectable	Q5125	X/O	Zarxio, Nivestym	
Remicade®	Inflammatory Conditions	J1745	X	Avsola, Inflectra	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Renflexis®	Inflammatory Conditions	Q5104	X	Avsola, Inflectra	
Retacrit®	Erythropoiesis-stimulating Agents	Q5106			
Revcovi®	Enzyme Replacement Therapy	J3590	X		
Riabni®	Immune Modulator/Oncology - Injectable	Q5123	X/O		
RiaSTAP®	Hemophilia	J7178	X		
Rituxan®	Immune Modulator/Oncology - Injectable	J9312	X/O	Riabni, Ruxience Truxima	
Rituxan® Hycela	Oncology - Injectable	J9311	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Rivfloza®	Endocrine	J3490/ J3590	X		
Rixubis®	Hemophilia	J7200	X		
Roctavian®	Gene Therapy	J1412	X		
Rolvedon®	Neutropenia/ Oncology - Injectable	J1449	X/O	Udenyca, Neulasta	
Romidepsin	Oncology - Injectable	J9318	O		
Ruconest®	Hematologic	J0596	X		
Ruxience®	Immune Modulator/Oncology - Injectable	Q5119	X/O	Oncology: Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Rybrevant®	Oncology - Injectable	J9061	O		
Rylaze®	Oncology - Injectable	J9021	O		
Ryoncil®	Hematologic	J3402	X		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Ryplazim®	Rare Conditions	J2998	X		
Rystiggo®	Central Nervous System Agents	J9333	X		
Ryzenuta®	Neutropenia/ Oncology - Injectable	J9361	O	Udenyca, Neulasta	
Sandimmune®, Neoral®	Oncology - Injectable	J7516	O		
Sandostatin®	Oncology - Injectable	J2354	O		
Sandostatin®	Endocrine	J2354			
Sandostatin® LAR	Endocrine	J2353			
Saphnelo®	Immune Modulator	J0491	X	Benlysta	
Sarclisa®	Oncology - Injectable	J9227	O		
Scenesse®	Dermatology	J7352	X		
Selarsdi™ IV	Inflammatory Conditions	Q9998	X	Steqeyma, Wezlana, Yesintek	
Sevenfact®	Hemophilia	J7212	X		
Simponi ARIA®	Inflammatory Conditions	J1602	X		
Skyrizi®	Inflammatory Conditions	J2327	X		
Skysona®	Gene therapy	J3387	X		
Soliris®	Blood Modifying Agents/Oncology - Injectable	J1299	X/O	Bkemv, Epysqli	
Spevigo® IV	Inflammatory Conditions	J1747	X		
Spevigo® SC	Inflammatory Conditions	J1747	X		
Spinraza®	Central Nervous System Agents	J2326	X		
Spravato®	Central Nervous System Agents	J0013			

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Starjemza®	Inflammatory Conditions	J3490/ J3590	X	Steqeyma, Wezlana, Yesintek	
Stelara® IV	Inflammatory Conditions	J3358	X	Steqeyma, Wezlana, Yesintek	
Steqeyma®	Inflammatory Conditions	Q5099	X		
Stimufend®	Neutropenia/ Oncology - Injectable	Q5127	X/O	Udenyca, Neulasta	
Stoboclo®	Oncology - Injectable	Q5157	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Sunlenca®	HIV	J1961			
Supartz® / Supartz FX®	Sodium Hyaluronate	J7321	X	Durolane, Euflexxa, GelSyn-3	
Supprelin® LA	Gonadotropin Releasing Hormone Analogues/Oncology - Injectable	J9226	O		
Susvimo®	Ophthalmologic VEGF Inhibitors	J2779	X	Avastin, Cimerli, Eylea, Eylea HD, Lucentis, Pavblu, Vabysmo	
Sustol® Injection	Oncology - Injectable	J1627	O	Reference <b>Antiemetics for Oncology Medical Drug Policy</b>	
Syfovre®	Complement Inhibitor - Ophthalmologic Use	J2781	X		
Sylatron™	Oncology - Injectable	J9999	O		
Sylvant®	Oncology - Injectable	J2860	O		
Synagis®	Respiratory Syncytial Virus (RSV) Prevention	90378	X		
SynoJoynt®	Sodium Hyaluronate	J7331	X	Durolane, Euflexxa, GelSyn-3	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Synribo®	Oncology - Injectable	J9262	O		
Synvisc®	Sodium Hyaluronate	J7325	X	Durolane, Euflexxa, GelSyn-3	
Synvisc-One®	Sodium Hyaluronate	J7325	X	Durolane, Euflexxa, GelSyn-3	
Talvey®	Oncology - Injectable	J3055	O		
Taxotere®	Oncology - Injectable	J9171	O		
Tecartus®	Cellular Therapy	Q2053	O		
Tecelra®	Cellular Therapy	Q2057	O		
Tecentriq®	Oncology - Injectable	J9022	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Tecentriq Hybreza™	Oncology - Injectable	J9024	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Tecvayli®	Oncology - Injectable	J9380	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Temodar®	Oncology - Injectable	J9328	O		
Tepadina®	Oncology - Injectable	J9342	O		
Tepezza®	Endocrine	J3241	X		
Tepylute®	Oncology - Injectable	J9341	O		
Testopel®	Endocrine	J1073			
Tevimbra®	Oncology - Injectable	J9329	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Tezspire®	Asthma	J2356	X		
Thiotepa	Oncology - Injectable	J9342	O		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Tice® BCG	Oncology - Injectable	J9030/ J9031	O		
Tivdak®	Oncology - Injectable	J9273	O		
Tofidence®	Inflammatory Conditions	Q5133	X	Actemra, Tyenne	
Torisel®	Oncology - Injectable	J9330	O		
Trazimera®	Oncology - Injectable	Q5116	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Treanda®	Oncology - Injectable	J9033	O		
Trelstar®	Gonadotropin Releasing Hormone Analog/Oncology - Injectable	J3315			
Tremfya® IV	Inflammatory Conditions	J1628	X		
Tretten®	Hemophilia	J7181	X		
Triluron®	Sodium Hyaluronate	J7332	X	Durolane, Euflexxa, GelSyn-3	
Triptodur®	Gonadotropin Releasing Hormone Analog/Oncology - Injectable	J3316			
Trisenox®	Oncology - Injectable	J9017	O		
TriVisc®	Sodium Hyaluronate	J7329	X	Durolane, Euflexxa, GelSyn-3	
Trodelyv®	Oncology - Injectable	J9317	O		
Trogarzo®	HIV	J1746			
Truxima®	Immune Modulator/Oncology - Injectable	Q5115	X/O	Oncology: Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Tyenne®	Inflammatory Conditions	Q5135	X		
Tyruko®	Multiple Sclerosis	Q5134	X		
Tysabri®	Multiple Sclerosis	J2323	X		
Tzield®	Immune Modulator	J9381	X		
Udenyca®	Neutropenia/ Oncology - Injectable	Q5111	X/O		
Ultomiris®	Blood Modifying Agents	J1303	X		
Unituxin®	Oncology - Injectable	J1246	O		
Unloxcyt™	Oncology - Injectable	J9275	O		
Uplizna®	Immune Modulator	J1823	X		
Vabysmo®	Ophthalmologic VEGF Inhibitors	J2777			
Valstar®	Oncology - Injectable	J9357	O		
Vectibix®	Oncology - Injectable	J9303	O		
Vegzelma®	Oncology - Injectable	Q5129	O	Mvasi	
Velcade®	Oncology - Injectable	J9041	O		
Veopoz®	Blood Modifying Agents	J9376	X		
Vidaza®	Oncology - Injectable	J9025	O		
Viltepso®	Central Nervous System Agents	J1427	X		
Vimizim®	Enzyme Replacement Therapy	J1322	X		
Vinblastine	Oncology - Injectable	J9360	O		
Vincristine	Oncology - Injectable	J9370	O		
Vinorelbine	Oncology - Injectable	J9390	O		
Visco-3™	Sodium Hyaluronate	J7321	X	Durolane, Euflexxa, GelSyn-3	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Vivimusta®	Oncology - Injectable	J9056	O		
Vonvendi®	Hemophilia	J7179	X		
VPRIV®	Enzyme Deficiency (Gaucher's disease)	J3385	X		
Vyepti®	Central Nervous System Agents	J3032	X	Aimovig, Emgality, Ajovy (pharmacy benefit)	
Vyjuvek®	Gene Therapy	J3401	X		
Vyloy®	Oncology - Injectable	J1326	O		
Vyondys 53®	Central Nervous System Agents	J1429	X		
Vyvgart®	Central Nervous System Agents	J9332	X		
Vyvgart® Hytrulo	Central Nervous System Agents	J9334	X		
Vyxeos®	Oncology - Injectable	J9153	O		
Wezlana™ IV	Inflammatory Conditions	Q5138	X		
Wilate®	Hemophilia	J7183	X		
Wyost®	Oncology - Injectable	Q5136	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Xembify®	Immune Globulin	J1558	X		
Xenpozyme®	Enzyme Replacement Therapy	J0218	X		
Xeomin®	Botulinum toxins A and B	J0588			
Xgeva®	Oncology - Injectable	J0897	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Xiaflex®	Collagenase	J0775	X		

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
<b>Xolair</b> <sup>®</sup>	Asthma	J2357	X		
<b>Xyntha</b> <sup>®</sup>	Hemophilia	J7185	X		
<b>Yervoy</b> <sup>®</sup>	Oncology - Injectable	J9228	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
<b>Yesafili</b> <sup>™</sup>	Ophthalmologic VEGF Inhibitors	Q5155	R		
<b>Yescarta</b> <sup>®</sup>	Cellular Therapy	Q2041	O		
<b>Yesintek</b> <sup>®</sup>	Inflammatory Conditions	Q5100	X		
<b>Yimmugo</b> <sup>®</sup>	Immune Globulin	J1553	X	Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen, Xembify	
<b>Yondelis</b> <sup>®</sup>	Oncology - Injectable	J9352	O		
<b>Zaltrap</b> <sup>®</sup>	Oncology - Injectable	J9400	O		
<b>Zanosar</b> <sup>®</sup>	Oncology - Injectable	J9320	O		
<b>Zarxio</b> <sup>®</sup>	Neutropenia/ Oncology - Injectable	Q5101	X/O		
<b>Zemaira</b> <sup>®</sup>	Alpha1-proteinase Inhibitors	J0256	X		
<b>Zepzelca</b> <sup>®</sup>	Oncology - Injectable	J9223	O		
<b>Zevaskyn</b> <sup>®</sup>	Gene Therapy	J3389	X		
<b>Ziextenzo</b> <sup>®</sup>	Neutropenia/ Oncology - Injectable	Q5120	X/O	Udenyca, Neulasta	

Medication	Therapeutic class	CPT/ HCPCS code	Prior authorization		
			Medical necessity/ notification	Preferred product required	Site of care required
Zihhera®	Oncology - Injectable	J9276	O		
Zirabev®	Oncology - Injectable	Q5118	O	Mvasi	
Zoladex®	Oncology - Injectable	J9202	O	Reference <b>Oncology Clinical Coverage Medical Drug Policy</b>	
Zoledronic acid	Oncology - Injectable	J3489	O		
Zolgensma®	Gene therapy	J3399	X		
Zusduri™	Oncology - Injectable	J9282	O		
Zynlonta®	Oncology - Injectable	J9359	O		
Zynteglo®	Gene therapy	J3393	X		
Zynyz®	Oncology - Injectable	J9345	O		

## Medical benefit clinical program drug list – definitions

Clinical and utilization management strategy	Definition
<b>Drug policy</b>	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.
<b>Prior authorization</b>	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.
<b>Medical necessity/ notification</b>	<p>Medical necessity is about clinical effectiveness and consists of:</p> <ul style="list-style-type: none"> <li>• 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®.</li> <li>• Clinical effectiveness: Treatment of illness, injury, disease or symptom must be proven to be clinically effective</li> <li>• Cost effectiveness: Services must not be more costly than alternative services that are least likely to produce equivalent therapeutic and diagnostic results</li> </ul> <p>Notification:</p> <ul style="list-style-type: none"> <li>• Determination based on proven uses for medications, FDA-approved indications and published peer-reviewed medical literature</li> </ul>
<b>Preferred product</b>	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).

## Medical benefit clinical program drug list – definitions (cont.)

Clinical and utilization management strategy	Definition
<b>Site of care</b>	<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"> <li>• Directs health care professionals to the most appropriate site of care using clinical evidence and medical necessity criteria</li> <li>• Provides a short-term grace period to prevent disruption of treatment while the care is transitioned to the alternative site of care</li> <li>• Coordinates transitioning the member to a new site of care</li> </ul>

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