Maximum Dosage and Frequency

Policy Number: 2026D0034AV
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➲ Instructions for Use

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Related Commercial/Individual Exchange Policies

- Botulinum Toxins A and B (for Commercial Only)
- Botulinum Toxins A and B (for Individual Exchange Only)
- Cimzia® (Certolizumab Pegol) (for Commercial Only)
- Cimzia® (Certolizumab Pegol) (for Individual Exchange Only)
- Complement C_5 Inhibitors (for Commercial Only)
- Complement C_5 Inhibitors (for Individual Exchange Only)
- Denosumab
- Edaravone (for Commercial Only)
- Edaravone (for Individual Exchange Only)
- Entyvio® (Vedolizumab)
- FcRn Blockers (for Commercial Only)
- FcRn Blockers (for Individual Exchange Only)
- Ilaris® (Canakinumab)
- Ilumya® (Tildrakizumab-Asmn) (for Commercial Only)
- Ilumya® (Tildrakizumab-Asmn) (for Individual Exchange Only)
- Infliximab (Avsola®, Inflectra®, Remicade®, & Renflexis®) (for Commercial Only)
- Infliximab (Avsola®, Inflectra®, Remicade®, & Renflexis®) (for Individual Exchange Only)
- Krystexxa® (Pegloticase)
- Leqvio® (Inclisiran) (for Commercial Only)
- Leqvio® (Inclisiran) (for Individual Exchange Only)
- Niktimvo™ (Axatilimab-Csfr)
- Omvoh® (Mirikizumab-Mrkz)
- Oncology Medication Clinical Coverage (for Commercial Only)
- Oncology Medication Clinical Coverage (for Individual
- Ophthalmologic Complement Inhibitors (for Commercial Only)
- Ophthalmologic Complement Inhibitors (for Individual Exchange Only)
- Orencia® (Abatacept) Injection for Intravenous Infusion
- Qalsody® (Tofersen)
- Respiratory Interleukin-5 Inhibitor
- Rituximab (Riabni®, Rituxan®, Ruxience®, & Truxima®) (for Commercial Only)
- Rituximab (Riabni®, Rituxan®, Ruxience®, & Truxima®) (for Individual Exchange Only)
- RNA-Targeted Therapies (Amvuttra® and Onpattro®)
- Simponi Aria® (Golimumab) Injection for Intravenous Infusion (for Commercial Only)
- Simponi Aria® (Golimumab) Injection for Intravenous Infusion (for Individual Exchange Only)
- Skyrizi® (Risankizumab-Rzaa)
- Spevigo® (Spesolimab-Sbzo)
- Ustekinumab (for Commercial Only)
- Ustekinumab (for Individual Exchange Only)
- Testosterone Replacement or Supplementation Therapy (for Commercial Only)
- Testosterone Replacement or Supplementation Therapy (for Individual Exchange Only)
- Tezspire® (Tezepelumab-Ekko) (for Commercial Only)
- Tezspire® (Tezepelumab-Ekko) (for Individual Exchange Only)
- Tocilizumab Injection for Intravenous Infusion (for Commercial Only)
- Tocilizumab Injection for Intravenous Infusion (for Individual Exchange Only)
- Vyepti® (Eptinezumab-Jjmr)

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Related Commercial/Individual Exchange Policies	
Exchange Only)	• White Blood Cell Colony Stimulating Factors • Xolair® (Omalizumab)

Community Plan Policy
• Maximum Dosage and Frequency

Application

UnitedHealthcare Commercial

This Medical Benefit Drug Policy applies to UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Medical Benefit Drug Policy applies to Individual Exchange benefit plans.

Coverage Rationale

➲ See Benefit Considerations

This policy provides information about the maximum dosage per administration and dosing frequency for certain medications administered by a medical professional. Most medications have a maximum dosage and frequency based upon body surface area or patient weight or a set maximal dosage and frequency independent of patient body size.

The use of medications included in this policy when given within the maximum dosage and/or frequency based upon body surface area or patient weight or a set of maximal dosage and/or frequency independent of patient body size are proven when used according to labeled indications or when otherwise supported by published clinical evidence [e.g., well-designed systematic reviews (with or without meta-analyses) of multiple well-designed randomized controlled trials, the National Comprehensive Cancer Network (NCCN) guidelines]. Biosimilars and their reference biologics that are considered therapeutically equivalent to each other by the UHC Pharmacy & Therapeutics Committee will be considered therapeutically equivalent for purposes of applying maximum dosage and frequency limits. The use of medications included in this policy when given beyond maximum dosages and/or frequency based upon body surface area or patient weight or a set maximal dosage independent of patient body size are not supported by package labeling or published clinical evidence and are unproven.

Continued use of a medication or dosages used beyond labeled indication or other published clinical evidence [e.g., well-designed systematic reviews (with or without meta-analyses) of multiple well-designed randomized controlled trials, NCCN guidelines] is considered not medically necessary.

This policy creates an upper dose limit based on the clinical evidence and the 95th percentile for adult body weight (140 kg) and body surface area (2.71 meters^2) in the U.S. (adult male, 30 to 39 years, Fryar, 2021).[3] In some cases, the maximum allowed units and/or vials may exceed the upper level limit as defined within this policy due to an individual patient body weight > 140 kg or body surface area > 2.71 meters^2.

Maximum Allowed Quantities and Frequencies by HCPCS Units

The allowed quantities and frequencies in this section are based upon the FDA-approved prescribing information for the applicable medications. For indications covered by Oxford Health Plans without FDA-approved dosing, the frequencies are derived from available clinical evidence. This list may not be inclusive of all medications listed and is subject to change.

HCPCS Code	Medication Name	Maximum Dosage Per Administration	Maximum Allowed Billable Units	Maximum Allowed Frequency
J0129	Orencia (abatacept)	1000 mg	100 HCPCS units (10 mg per unit)	Administered intravenously at 0, 2, and 4 weeks, then once every 4 weeks thereafter. Administered subcutaneously once weekly.

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HCPCS Code	Medication Name	Maximum Dosage Per Administration	Maximum Allowed Billable Units	Maximum Allowed Frequency
J0177	Eylea HD	8 mg	8 HCPCS units (1 mg per unit)	Administered to each affected eye every 4 weeks. Maximum of 12 doses per year per eye.
J0178	Eylea	2 mg	2 HCPCS units (1 mg per unit)	All Diagnoses except Retinopathy of Prematurity (ROP): Administered to each affected eye every 4 weeks. Maximum of 12 doses per year per eye. ROP only: Administered 0.4 mg to each affected eye. Injections may be repeated in each eye. The treatment interval between doses injected into the same eye should be at least 10 days.
J0222	Onpattro (patisiran)	30 mg	300 HCPCS units (0.1 mg per unit)	Administered once every 3 weeks.
J0225	Amvuttra (vutrisiran)	25 mg	25 HCPCS units (1 mg per unit)	Administered once every 3 months.
J0517	Fasenra (benralizumab)	30 mg	30 HCPCS units (1 mg per unit)	Administered once every 4 weeks for the first 3 doses, followed by once every 8 weeks thereafter.
J0585	Botox (onabotulinumtoxinA)	600 units	600 HCPCS units (1 unit per HCPCS unit)	Administered no more frequent than every 12 weeks.
J0586	Dysport (abobotulinumtoxinA)	1,500 units	300 HCPCS units (5 units per HCPCS unit)	Administered no more frequent than every 12 weeks.
J0587	Myobloc (rimabotulinumtoxinB)	30,000 units	300 HCPCS units (100 units per HCPCS unit)	Administered no more frequent than every 12 weeks.
J0588	Xeomin (incobotulinumtoxinA)	600 units	600 HCPCS units 1 unit per HCPCS unit	Administered no more frequent than every 12 weeks.
J0589	Daxxify (daxibotulinumtoxinA-lanm)	250 units	250 HCPCS units (1 unit per HCPCS unit)	Administered no more frequent than every 12 weeks.
J0638	Ilaris (canakinumab)	300 mg	300 HCPCS units (1 mg per unit)	Administered once every 4 weeks.
J0717	Cimzia (certolizumab pegol)	400 mg	400 HCPCS units (1 mg per unit)	Administered every other week.
J0897	Prolia (denosumab)	60 mg	60 HCPCS units (1 mg per unit)	Administered once every 6 months.
J0897	Xgeva (denosumab)	120 mg	120 HCPCS units (1 mg per unit)	Administered every 4 weeks with additional doses on days 8 and 15 of the first month of therapy.
J1071	Depo-Testosterone (testosterone cypionate)	400 mg	400 HCPCS units (1 mg per unit)	Administered every 14 days.
J1299	Soliris (eculizumab)	1200 mg	600 HCPCS units (2 mg per unit)	Administered once weekly for 5 doses, then every 2 weeks thereafter.

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HCPCS Code	Medication Name	Maximum Dosage Per Administration	Maximum Allowed Billable Units	Maximum Allowed Frequency
J1301	Radicava (edaravone)	60 mg	60 HCPCS units (1 mg per unit)	Initial treatment cycle administered with daily dosing for 14 days, followed by a 14-day drug-free period. Subsequent treatment cycles administered with daily dosing for 10 days out of 14-day periods, followed by 14-day drug-free periods.
J1303	Ultomiris (ravulizumab-cwvz)	3,600 mg	360 HCPCS units (10 mg per unit)	Administered initially, week 2, then once every 4 or 8 weeks thereafter, depending on body weight.
J1304	Qalsody (tofersen)	100 mg	100 HCPCS units (1 mg per unit)	Administered every 14 days for 3 doses, followed by 100 mg every 28 days.
J1306	Leqvio (inclisiran)	284 mg	284 HCPCS units (1 mg per unit)	Administered initially and 3 months later, then every 6 months thereafter.
J1307	PiaSky (crovalimab-akkz)	1500 mg	150 HCPCS units (10 mg per unit)	One loading on day 1, followed by four additional weekly loading doses administered on Days 2, 8, 15, and 22. The maintenance dose starts on Day 29 and is then administered every 4 weeks subcutaneously.
J1449	Rolvedon (eflapegrastim-xnst)	13.2 mg	132 HCPCS units (0.1mg per unit)	Administered once every 2 weeks.
J1602	Simponi Aria (golimumab)	300 mg	300 HCPCs units (1 mg per unit)	Administered at 0, 4, then every 8 weeks thereafter.
J1628	Tremfya (guselkumab)	200 mg	200 HCPCS units (1 mg per unit)	Administered intravenously initially at Week 0, Week 4, and Week 8, then administered subcutaneously every 4 or 8 weeks thereafter.
J1745	Remicade (infliximab)	1500 mg	150 HCPCS units (10 mg per unit)	Administered at 0, 2, and 6 weeks, then every 4 to 8 weeks thereafter.
J1747	Spevigo (spesolimab-sbzo)	900 mg	900 HCPCS units (1 mg per unit)	Administered intravenously as a single 900 mg dose. If flare symptoms persist, may administer an additional intravenous 900 mg dose one week after the initial dose. Administered subcutaneously as a loading dose of 600 mg (four 150 mg injections), followed by 300 mg (two 150 mg injections) subcutaneously 4 weeks later and every 4 weeks thereafter. 4 weeks after treatment with intravenous Spevigo for generalized pustular psoriasis flare, subcutaneous Spevigo is initiated or reinitiated at a dose of 300 mg (two 150 mg injections) administered every 4 weeks. A loading dose is not required following treatment of a generalized pustular psoriasis flare with intravenous Spevigo.
J2182	Nucala (mepolizumab)	300 mg	300 HCPCS units (1 mg per unit)	Administered once every 4 weeks.

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HCPCS Code	Medication Name	Maximum Dosage Per Administration	Maximum Allowed Billable Units	Maximum Allowed Frequency
J2267	Omvoh (mirikizumab-mrkz)	900 mg	900 HCPCS units (1 mg per unit)	Administered intravenously initially at Week 0, Week 4, and Week 8, then administered subcutaneously at Week 12 and every 4 weeks thereafter.
J2326	Spinraza (nusinersen)	50 mg	500 HCPCS units (0.1 mg per unit)	Loading doses administered every 14 days for 3 doses, followed by a fourth dose 30 days after the third dose; or alternative high-dose regimen of 2 loading doses administered 14 days apart. Maintenance dose is administered once every 4 months starting 4 months after the last loading dose.
J2327	Skyrizi (risankizumab-rzaa)	1200 mg	1200 HCPCS units (1 mg per unit)	Administered intravenously (IV) initially at Week 0, Week 4, and Week 8.
J2350	Ocrevus (ocrelizumab)	600 mg	600 HCPCS units (1 mg per unit)	Administered intravenously initially and 2 weeks later, then every 6 months thereafter.
J2356	Tezspire (tezepelumab-ekko)	210 mg	210 HCPCS units (1mg per unit)	Administered once every 4 weeks.
J2357	Xolair (omalizumab)	600 mg	120 HCPCS units (5 mg per unit)	Administered once every 2 or 4 weeks, depending on body weight and IgE levels.
J2361	Exdensur (depemokimab)	100 mg	100 HCPCS units (1 mg per unit)	Administered once every 6 months.
J2506	Neulasta (pegfilgrastim)	6 mg	12 HCPCS units (0.5 mg per unit)	Administered once every 2 weeks.
J2507	Krystexxa (pegloticase)	8 mg	8 HCPCS units (1mg per unit)	Administered once every 2 weeks.
J2777	Vabysmo (faricimab-svoa)	6 mg	60 HCPCS units (0.1 mg per unit)	Administered to each affected eye once every 4 weeks. Maximum of 12 doses per year per eye.
J2781	Syfovre (pegcetacoplan)	15 mg	15 HCPCS units (1 mg per unit)	Administered to each affected eye once every 25 to 60 days.
J2786	Cinqair (reslizumab)	500 mg	500 HCPCS units (1 mg per unit)	Administered once every 4 weeks.
J3032	Vyepti (eptinezumab-jjmr)	300 mg	300 HCPCS units (1 mg per unit)	Administered once every 3 months.
J3121	Testosterone enanthate	400 mg	400 HCPCS units (1 mg per unit)	For replacement therapy, the suggested dosage is 50 mg to 400 mg every 2 to 4 weeks, not to exceed 400 mg per 14 days.
J3145	Aveed (testosterone undecanoate)	750 mg	750 HCPCS units (1 mg per unit)	Administered at weeks 0, 4, and every 10 weeks thereafter.
J3245	Ilumya (tildrakizumab-asmn)	100 mg	100 HCPCS units (1 mg per unit)	Administered at weeks 0, 4, and every 12 weeks thereafter.
J3262	Actemra (tocilizumab)	800 mg	800 HCPCS units (1 mg per unit)	Administered once every 2 weeks.

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HCPCS Code	Medication Name	Maximum Dosage Per Administration	Maximum Allowed Billable Units	Maximum Allowed Frequency
J3263	Loqtorzi (toripalimab-tpzi)	480 mg	480 HCPCS units (1 mg per unit)	Administered once every 2 weeks.
J3357	Stelara (ustekinumab)	90 mg	90 HCPCS units (1 mg per unit)	Administered subcutaneously once every 8 to 12 weeks thereafter.
J3358	Stelara (ustekinumab)	520 mg	520 HCPCS units (1 mg per unit)	Administered intravenously (IV) initially one time
J3380	Entyvio (vedolizumab)	300 mg	300 HCPCS units (1 mg per unit)	Administered at 0, 2, and 6 weeks, then every 8 weeks thereafter.
J3489	Zoledronic Acid	5 mg	5 HCPCS units (1 mg per unit)	Administered once every 3 weeks.
J7170	Hemlibra (emicizumab-kxwh)	840 mg	1,680 HCPCS units (0.5 mg per unit)	3 mg/kg once weekly for the first 4 weeks, followed by maintenance dose of 1.5 mg/kg once every week; or 3 mg/kg once every 2 weeks; or 6 mg/kg once every 4 weeks.
J9022	Tecentriq (atezolizumab)	1,680 mg	168 HCPCS units (10 mg per unit)	Administered once every 2 weeks.
J9023	Bavencio (avelumab)	800 mg	80 HCPCS units (10 mg per unit)	Administered once every 2 weeks.
J9024	Tecentriq Hybreza	1,875 mg / 30,000 units	375 HCPCS units (5 mg per unit)	Administered once every 3 weeks.
J9035	Avastin (bevacizumab)	2400 mg	240 HCPCS units (10 mg per unit)	Administered every 2 weeks.
J9038	Niktimvo (axatilimab-csfr)	35 mg	350 HCPCS units (0.1mg per unit)	Administered every 2 weeks.
J9119	Libtayo (cemiplimab-rwlc)	350 mg	350 HCPCS units (1 mg per unit)	Administered once every 3 weeks.
J9173	Imfinzi (durvalumab)	1,500 mg	150 HCPCS units (10 mg per unit)	Administered once every 2 weeks.
J9228	Yervoy (ipilimumab)	1400 mg	1400 HCPCS units (1 mg per unit)	Administered once every 3 weeks.
J9271	Keytruda (pembrolizumab)	400 mg	400 HCPCS units (1 mg per unit)	Administered once every 3 weeks.
J9272	Jemperli (dostarlimab-gxly)	1,000 mg	100 HCPCS units (10 mg per unit)	Administered once every 3 weeks
J9275	Unloxcyt (cosibelimab-ipdl)	1,200 mg	600 HCPCS units (2 mg per unit)	Administered once every 3 weeks
J9277	Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph)	790 mg / 9,600 units	790 HCPCS units (1 mg per unit)	Administered up to every 3 weeks.
J2778	Lucentis (ranibizumab)	0.5 mg	5 HCPCS units (0.1 mg per unit)	Administered to each affected eye once every 4 weeks. Maximum of 12 doses per year per eye.
J9289	Opdivo Qvantig (nivolumab and hyaluronidase-nvhy)	1,200 mg / 20,000 units	600 HCPCS units (2 mg per unit)	Administered up to every 2 weeks.

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HCPCS Code	Medication Name	Maximum Dosage Per Administration	Maximum Allowed Billable Units	Maximum Allowed Frequency
J9298	Opdualag (nivolumab and relatlimab-rmbw)	480 mg / 160 mg	160 HCPCS units (3 mg/1 mg per unit)	Administered once every 4 weeks
J9299	Opdivo (nivolumab)	480 mg	480 HCPCS units (1 mg per unit)	Administered up to every 2 weeks.
J9311	Rituxan Hycela (rituximab and hyaluronidase)	1,600 mg	160 HCPCs units (10 mg per unit)	Administered up to once every week.
J9312	Rituxan (rituximab)	1500 mg	150 HCPCS units (10 mg per unit)	Dosing varies; not applicable.
J9329	Tevimbra (tislelizumab-jsgr)	400 mg	400 HCPCs units (1 mg per unit)	Administered up to every 2 weeks.
J9332	Vyvgart (efgartigimod alfa-fcab)	1200 mg	600 HCPCS units (2mg per unit)	Administered once every week for 4 weeks. Subsequent treatment cycles administered based on clinical evaluation.
J9333	Rystiggo (rozanolixizumab-noli)	840 mg	840 HCPCs units (1 mg per unit)	Administered once every week for 6 weeks. Subsequent treatment cycles administered based on clinical evaluation.
J9334	Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)	1,008 mg / 11,200 units	504 HCPCS units (2mg per unit)	Administered once every week for 4 weeks. Subsequent treatment cycles administered based on clinical evaluation.
J9345	Zynyz (retifanlimab-dlwr)	500 mg	500 HCPCS units (1 mg per unit)	Administered once every week for 4 weeks.
J9355	Herceptin (trastuzumab)	1260 mg	126 HCPCS units (10 mg per unit)	Administered once every week.
Q5098	Imuldosa (ustekinumab-srlf)	520 mg	520 HCPCS units (1 mg per unit)	Administered intravenously (IV) initially one time.
Q5099	Steqeyma (ustekinumab-stba)	520 mg	520 HCPCS units (1 mg per unit)	Administered intravenously (IV) initially one time.
Q5100	Yesintek (ustekinumab-kfce)	520 mg	520 HCPCS units (1 mg per unit)	Administered intravenously (IV) initially one time.
Q5103	Inflectra (infliximab-dyyb)	1500 mg	150 HCPCS units (10 mg per unit)	Administered at 0, 2, and 6 weeks, then every 4 to 8 weeks thereafter.
Q5104	Renflexis (infliximab-abda)	1500 mg	150 HCPCS units (10 mg per unit)	Administered at 0, 2, and 6 weeks, then every 4 to 8 weeks thereafter.
Q5107	Mvasi (bevacizumab-awwb)	2400 mg	240 HCPCS units (10 mg per unit)	Administered once every 2 weeks.
Q5108	Fulphila (pegfilgrastim-jmdb)	6 mg	12 HCPCS units (0.5mg per unit)	Administered once every 2 weeks.
Q5111	Udenyca (pegfilgrastim-cbqv)	6 mg	12 HCPCS units (0.5mg per unit)	Administered once every 2 weeks.
Q5112	Ontruzant (trastuzumab-dttb)	1260 mg	126 HCPCS units (10 mg per unit)	Administered once every week.
Q5113	Herzuma (trastuzumab-pkrb)	1260 mg	126 HCPCS units (10 mg per unit)	Administered once every week.

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Q5114	Ogivri (trastuzumab-dkst)	1260 mg	126 HCPCS units (10 mg per unit)	Administered once every week.
Q5115	Truxima (rituximab-abbs)	1500 mg	150 HCPCS units (10 mg per unit)	Dosing varies; not applicable.
Q5116	Trazimera (trastuzumab-qyyp)	1260 mg	126 HCPCS units (10 mg per unit)	Administered once every week.
Q5117	Kanjinti (trastuzumab-anns)	1260 mg	126 HCPCS units (10 mg per unit)	Administered once every week.
Q5118	Zirabev (bevacizumab-bvzr)	2400 mg	240 HCPCS units (10 mg per unit)	Administered once every 2 weeks.
Q5119	Ruxience (rituximab-pvvr)	1500 mg	150 HCPCS units (10 mg per unit)	Dosing varies; not applicable.
Q5120	Ziextenzo (pegfilgrastim-bmez)	6 mg	12 HCPCS units (0.5mg per unit)	Administered once every 2 weeks.
Q5121	Avsola (infliximab-axxq)	1500 mg	150 HCPCS units (10 mg per unit)	Administered at 0, 2, and 6 weeks, then every 4 to 8 weeks thereafter.
Q5122	Nyvepria (pegfilgrastim-apgf)	6 mg	12 HCPCS units (0.5mg per unit)	Administered once every 2 weeks.
Q5123	Riabni (rituximab-arrx)	1500 mg	150 HCPCS units (10 mg per unit)	Dosing varies; not applicable.
Q5126	Alymsys (bevacizumab-maly)	2400 mg	240 HCPCS units (10 mg per unit)	Administered once every 2 weeks.
Q5127	Stimufend (pegfilgrastim-fpgk)	6 mg	12 HCPCS units (0.5mg per unit)	Administered once every 2 weeks.
Q5128	Cimerli (ranibizumab-eqrn)	0.5 mg	5 HCPCS units (0.1 mg per unit)	Administered to each affected eye once every 4 weeks. Maximum of 12 doses per year per eye.
Q5129	Vegzelma (bevacizumab-adcd)	2400 mg	240 HCPCS units (10 mg per unit)	Administered once every 2 weeks.
Q5130	Fylnetra (pegfilgrastim-pbbk)	6 mg	12 HCPCS units (0.5mg per unit)	Administered once every 2 weeks.
Q5133	Tofidence (tocilizumab-bavi)	800 mg	800 HCPCs units (1 mg per unit)	Administered once every 2 weeks.
Q5135	Tyenne (tocilizumab-aazg)	800 mg	800 HCPCs units (1 mg per unit)	Administered once every 2 weeks.
Q5136	Jubbonti (denosumab-bbdz)	60 mg	60 HCPCS units (1 mg per unit)	Administered every 6 months.
Q5136	Wyost (denosumab-bbdz)	120 mg	120 HCPCS units (1 mg per unit)	Administer every 4 weeks with additional doses on days 8 and 15 of the first month of therapy.
Q5137	Wezlana (ustekinumab-auub)	90 mg	90 HCPCS units (1 mg per unit)	Administered subcutaneously once every 8 to 12 weeks thereafter.
Q5138	Wezlana (ustekinumab-auub)	520 mg	520 HCPCS units (1 mg per unit)	Administered intravenously (IV) initially one time.
Q5147	Pavblu (aflibercept-ayyh)	2 mg	2 HCPCS units (1 mg per unit)	Administered to each affected eye once every 4 weeks. Maximum of 12 doses per year per eye.

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HCPCS Code	Medication Name	Maximum Dosage Per Administration	Maximum Allowed Billable Units	Maximum Allowed Frequency
Q5151	Epysqli (eculizumab-aagh)	1200 mg	600 HCPCS units (2 mg per unit)	Administered once weekly for 5 doses, then every 2 weeks thereafter.
Q5152	Bkemv (eculizumab-aeeb)	1200 mg	600 HCPCS units (2 mg per unit)	Administered once weekly for 5 doses, then every 2 weeks thereafter.
Q5156	Avtozma (tocilizumab-anoh)	800 mg	800 HCPCs units (1 mg per unit)	Administered once every 2 weeks.
Q5157	Stoboclo (denosumab-bmwo)	60 mg	60 HCPCS units (1 mg per unit)	Administered every 6 months.
Q5157	Osenvelt (denosumab-bmwo)	120 mg	120 HCPCS units (1 mg per unit)	Administer every 4 weeks with additional doses on days 8 and 15 of the first month of therapy.
Q5158	Bomyntra (denosumab-bbht)	120 mg	120 HCPCS units (1 mg per unit)	Administer every 4 weeks with additional doses on days 8 and 15 of the first month of therapy.
Q5158	Conexxence (denosumab-bnht)	60 mg	60 HCPCS units (1 mg per unit)	Administered every 6 months.
Q5159	Ospomyv (denosumab-dssb)	60 mg	60 HCPCS units (1 mg per unit)	Administered every 6 months.
Q5159	Xybryk (denosumab-dssb)	120 mg	120 HCPCS units (1 mg per unit)	Administer every 4 weeks with additional doses on days 8 and 15 of the first month of therapy.
Q5161	Aukelso (denosumab-kyqq)	120 mg	120 HCPCS units (1 mg per unit)	Administer every 4 weeks with additional doses on days 8 and 15 of the first month of therapy.
Q5161	Bosaya (denosumab-kyqq)	60 mg	60 HCPCS units (1 mg per unit)	Administered every 6 months.
Q5162	Bildyos (denosumab-nxxp)	60 mg	60 HCPCS units (1 mg per unit)	Administered every 6 months.
Q5162	Bilprevda (denosumab-nxxp)	120 mg	120 HCPCS units (1 mg per unit)	Administer every 4 weeks with additional doses on days 8 and 15 of the first month of therapy.
Q5167	Enoby (denosumab-qbde	60 mg	60 HCPCS units (1 mg per unit)	Administered every 6 months.
Q5167	Xtrenbo (denosumab-qbde)	120 mg	120 HCPCS units (1 mg per unit)	Administer every 4 weeks with additional doses on days 8 and 15 of the first month of therapy.
Q9996	Pyzchiva (ustekinumab-ttwe)	90 mg	90 HCPCS units (1 mg per unit)	Administered subcutaneously once every 8 to 12 weeks thereafter.
Q9997	Pyzchiva (ustekinumab-ttwe)	520 mg	520 HCPCS units (1 mg per unit)	Administered intravenously (IV) initially one time.
Q9998	Selarsdi (ustekinumab-aekn)	520 mg	520 HCPCS units (1 mg per unit)	Administered intravenously (IV) initially one time.
Q9999	Otulfi (ustekinumab-aauz)	520 mg	520 HCPCS units (1 mg per unit)	Administered intravenously (IV) initially one time.

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HCPCS Code	Medication Name	Maximum Dosage Per Administration	Maximum Allowed Billable Units	Maximum Allowed Frequency
J1073	Testopel (testosterone pellet)	450 mg	6 HCPCS units (75 mg per unit)	The dosage guideline for the testosterone pellets for replacement therapy in androgen-deficient males is 150mg to 450mg subcutaneously every 3 to 6 months. The usual dosage is as follows: Implant two 75mg pellets for each 25mg testosterone propionate required weekly. Thus when a patient requires injections of 75mg per week, it is usually necessary to implant 450mg (6 pellets). With injections of 50mg per week, implantation of 300mg (4 pellets) may suffice for approximately three months.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

HCPCS Code	Description
J0129	Injection, abatacept, 10 mg (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug self-administered
J0177	Injection, aflibercept HD, 1 mg
J0178	Injection, aflibercept, 1 mg
J0179	Injection, brolucizumab-dbll, 1 mg
J0222	Injection, patisiran, 0.1 mg
J0225	Injection, vutrisiran, 1 mg
J0517	Injection, benralizumab, 1 mg
J0585	Injection, onabotulinumtoxinA, 1 unit
J0586	Injection, abobotulinumtoxinA, 5 units
J0587	Injection, rimabotulinumtoxinB, 100 units
J0588	Injection, incobotulinumtoxinA, 1 unit
J0589	Injection, daxibotulinumtoxinA-lanm, 1 unit
J0638	Injection, canakinumab, 1 mg
J0717	Injection, certolizumab pegol, 1 mg (Code may be used when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J0897	Injection, denosumab, 1 mg
J1071	Injection, testosterone cypionate, 1 mg
J1073	Testosterone pellet, implant, 75 mg
J1299	Injection, eculizumab, 2 mg
J1301	Injection, edaravone, 1 mg
J1303	Injection, ravulizumab-cwvz, 10 mg
J1304	Injection, tofersen, 1 mg
J1306	Injection, inclisiran, 1 mg
J1307	Injection, crovalimab-akkz, 10 mg

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HCPCS Code	Description
J1449	Injection, eflapegrastim-xnst, 0.1 mg
J1602	Injection, golimumab, 1 mg, for intravenous use
J1628	Injection, guselkumab, 1 mg
J1745	Injection, infliximab, excludes biosimilar, 10 mg
J1747	Injection, spesolimab-sbzo, 1 mg
J2182	Injection, mepolizumab, 1 mg
J2267	Injection, mirikizumab-mrkz, 1 mg
J2326	Injection, nusinersen, 0.1 mg
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
J2350	Injection, ocrelizumab, 1 mg
J2356	Injection, tezepelumab-ekko, 1 mg
J2357	Injection, omalizumab, 5 mg
J2361	Injection, depemokimab-ulaa, 1 mg
J2506	Injection, pegfilgrastim, 0.5 mg
J2507	Injection, pegloticase, 1 mg
J2777	Injection, faricimab-svoa, 0.1 mg
J2778	Injection, ranibizumab, 0.1 mg
J2786	Injection, reslizumab, 1 mg
J3032	Injection, eptinezumab-jjmr, 1 mg
J3121	Injection, testosterone enanthate, 1 mg
J3145	Injection, testosterone undecanoate, 1 mg
J3245	Injection, tildrakizumab, 1 mg
J3262	Injection, tocilizumab, 1 mg
J3263	Injection, toripalimab-tpzi, 1 mg
J3357	Ustekinumab, for subcutaneous injection, 1mg
J3358	Ustekinumab, for intravenous injection, 1 mg
J3380	Injection, vedolizumab, 1 mg
J3489	Injection, zoledronic acid, 1 mg
J7170	Injection, emicizumab-kxwh, 0.5 mg
J9022	Injection, atezolizumab, 10 mg
J9023	Injection, avelumab, 10 mg
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs
J9035	Injection, bevacizumab, 10 mg
J9038	Injection, axatilimab-csfr, 0.1 mg
J9119	Injection, cemiplimab-rwlc, 1 mg
J9173	Injection, durvalumab, 10 mg
J9228	Injection, ipilimumab, 1 mg
J9271	Injection, pembrolizumab, 1 mg
J9272	Injection, dostarlimab-gxly, 10 mg
J9275	Injection, cosibelimab-ipdl, 2 mg
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
J9299	Injection, nivolumab, 1 mg
J9311	Injection, rituximab 10 mg and hyaluronidase

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HCPCS Code	Description
J9312	Injection, rituximab, 10 mg
J9329	Injection, tislelizumab-jsgr, 1mg
J9332	Injection, efgartigimod alfa-fcab, 2 mg
J9333	Injection, rozanolixizumab-noli, 1 mg
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
J9345	Injection, retifanlimab-dlwr, 1 mg
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg
Q5099	Injection, ustekinumab-stba (Steqeyma), biosimilar, 1 mg
Q5100	Injection, ustekinumab-kfce (Yesintek), biosimilar, 1 mg
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Q5108	Injection, pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg
Q5111	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Q5119	Injection, rituximab-pvvr, biosimilar, (Ruxience), 10 mg
Q5120	Injection, pegfilgrastim-bmez (ZIEXTENZO), biosimilar, 0.5 mg
Q5121	Injection, infliximab-axxq, biosimilar, (Avsola), 10 mg
Q5122	Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg
Q5127	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
Q5129	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg
Q5130	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 0.1 mg
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg
Q5158	Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg

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HCPCS Code	Description
Q5162	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg
Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg

Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy.

Clinical Evidence

The aforementioned pharmaceuticals all have dosing parameters that support a maximum dosage per body weight or body surface area or a set maximal dosage independent of patient body size. These maximum doses are product-specific, and in some cases, disease state-specific and are defined in the U.S. Food and Drug Administration (FDA)–approved product prescribing information and/or in national compendia and other peer reviewed resources. This policy creates an upper dose limit based on the clinical evidence and the 95th percentile for adult body weight (140 kg) and body surface area (2.71 meters^2) in the U.S. (adult male, 30 to 39 years, Fryar, 2021).[3]

Clinical evidence supports the use of the medications listed in this policy up to maximum dosages based upon body surface area or patient weight, when used according to labeled indications or when otherwise supported by published clinical evidence.

Clinical evidence does not support the use of the medications listed in this policy beyond maximum dosages based upon body surface area or patient weight. Use of these agents beyond such established maximum dosages adds significantly to risk of adverse events without conferring additional clinical benefit.

References

1. U.S. National Library of Medicine. (n.d.). *DailyMed: Labeling information for human prescription drugs.* https://dailymed.nlm.nih.gov/dailymed/. Accessed on April 7, 20261.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at https://www.nccn.org. Accessed on April 7, 2026.
3. Fryar CD, Carroll MD, Gu Q, Afful J, Ogden CL. Anthropometric reference data for children and adults: United States, 2015–2018. National Center for Health Statistics. Vital Health Stat 3(46). 2021.

Policy History/Revision Information

Date	Summary of Changes

11/01/2026	**Related Individual Exchange Policies**
	• Removed reference link to the Medical Benefit Drug Policies titled:
	  ○ *Ilaris® (Canakinumab) (for Individual Exchange Only)*
	  ○ *Krystexxa® (Pegloticase) (for Individual Exchange Only)*
	  ○ *Xolair® (Omalizumab) (for Individual Exchange Only)*

10/01/2026	**Coverage Rationale**
	• Revised list of **Maximum Allowed Quantities and Frequencies by HCPCS Units**; added:
	  ○ Spinraza (nusinersen) (HCPCS code J2326)
	  ○ Exdensur (depemokimab) (HCPCS code J2361)
	  ○ Bomyntra (denosumab-bbht) (HCPCS code Q5158)

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Date	Summary of Changes
	○ Conexxence (denosumab-bnht) (HCPCS code Q5158) ○ Ospomyv (denosumab-dssb) (HCPCS code Q5159) ○ Xybryk (denosumab-dssb) (HCPCS code Q5159) ○ Aukelso (denosumab-kyqq) (HCPCS code Q5161) ○ Bosaya (denosumab-kyqq) (HCPCS code Q5161) ○ Bildyos (denosumab-nxxp) (HCPCS code Q5162) ○ Bilprevda (denosumab-nxxp) (HCPCS code Q5162) ○ Enoby (denosumab-qbde (HCPCS code Q5167) ○ Xtrenbo (denosumab-qbde) (HCPCS code Q5167) **Applicable Codes** • Added HCPCS codes J2326, J2661, Q5158, Q5159, Q5161, Q5162, and Q5167 • Revised description for HCPCS code Q5136 **Supporting Information** • Archived previous policy version 2026D0034AU

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its policies and guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Benefit Drug Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual Guidelines, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

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