

October 2022

medical benefit specialty drug update **bulletin**

Specialty Drug Program Updates for UnitedHealthcare Commercial, Community Plan, Medicare Advantage, and Individual & Family Plans

Review the following tables to determine changes to our specialty medical injectable drug programs.

SPECIALTY MEDICAL INJECTABLE DRUGS ADDED TO REVIEW AT LAUNCH

Drug Name	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	UnitedHealthcare Individual & Family	Treatment Uses
Xenpozyme [®] (olipudase alfa)	X	X		X	Indicated for the treatment of non-central nervous system manifestations of acid sphingomyelinase deficiency (ASMD) in pediatric and adult patients with ASMD type A/B or ASMD type B.
Spevigo [®] (spesolimab-sbzo)	X	X		X	Indicated for the treatment of general pustular psoriasis (GPP) flares in adults.



To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, go to UHCprovider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans > *Review at Launch for New to Market Medications* > [Review at Launch Medication List](#).

To view the **UnitedHealthcare Community Plan** Review at Launch Drug List Plan, go to UHCprovider.com > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan > *Review at Launch for New to Market Medications* > [Review at Launch Medication List](#).

For **UnitedHealthcare Medicare Advantage**, Review at Launch drugs are added as Review at Launch Part B Medications in the *Medications/Drugs (Outpatient/Part B) Coverage Summary*. To view the summary, go to UHCprovider.com > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries for Medicare Advantage Plans > [Medications/Drugs \(Outpatient/Part B\) – Medicare Advantage Coverage Summary](#) > *Attachment A: Guideline 5 – Other Examples of Specific Drugs/Medications*.

To view the **UnitedHealthcare Individual & Family Plan** Review at Launch Medication List, go to UHCprovider.com > Policies and Protocols > For Exchange Plans > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Individual Exchange Plans > *Review at Launch for New to Market Medications* > [Review at Launch Medication List](#)

UPDATES TO DRUG PROGRAM REQUIREMENTS AND DRUG POLICIES

Drug Name	Effective Date	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	UnitedHealthcare Individual & Family	Treatment Uses	Summary of Changes
Amvuttra™ (vutrisiran)	1/1/23	X	X	X	X	Used to treat polyneuropathy caused by hereditary transthyretin-mediated (hATTR) amyloidosis in adults.	<ul style="list-style-type: none"> Add notification/prior authorization For Commercial, add Site of Care (SOC) and Medication Sourcing (MS)
Krystexxa® (pegloticase)	1/1/23			X		Used to treat chronic gout in patients that are refractory to conventional therapy.	<ul style="list-style-type: none"> Add notification/prior authorization
Prolia® (denosumab)	1/1/2023		X			Used to treat osteoporosis and to increase bone mass in patients receiving androgen deprivation therapy or aromatase inhibitor therapy.	<ul style="list-style-type: none"> Add notification/prior authorization Current Prolia users will have a 12-month authorization entered so providers do not need to submit a request
Skyrizi® - IV formulation (risankizumab-rzaa)	1/1/2023		X	X	X	Used to treat moderate to severe Crohn's disease in adults.	<ul style="list-style-type: none"> Add notification/prior authorization For Community Plans, add Site of Care (SOC) <p><i>NOTE: Prior authorization / notification was added for Skyrizi IV formulation on 11/1/22 for Commercial</i></p>
Skysona® (elivaldogene autotemcel)	1/1/2023	X	X	X	X	Used to treat cerebral adrenoleukodystrophy (CALD), a rare X-linked genetic disease that mainly affects the nervous system and adrenal glands.	<ul style="list-style-type: none"> Add notification/prior authorization Will be managed by Optum Transplant



Spevigo® (spesolimab-sbzo)	1/1/2023		X	X		Indicated for the treatment of general pustular psoriasis (GPP) flares in adults.	<ul style="list-style-type: none"> Add notification/prior authorization
Xenpozyme® (olipudase alfa-rpcp)	1/1/2023		X			Indicated for the treatment of non-central nervous system manifestations of acid sphingomyelinase deficiency (ASMD) in pediatric and adult patients with ASMD type A/B or ASMD type B.	<ul style="list-style-type: none"> Add notification/prior authorization For Community Plans, add Site of Care (SOC)
Zynteglo™ (betibeglogene autotemcel)	1/1/2023	X	X	X	X	One-time treatment for a blood disorder known as beta thalassemia in adult and pediatric patients who require regular blood transfusions.	<ul style="list-style-type: none"> Add notification/prior authorization Will be managed by Optum Transplant

Upon prior authorization renewal, the updated policy will apply. UnitedHealthcare will honor all approved prior authorizations on file until the end date on the authorization or the date the member’s eligibility changes. You don’t need to submit a new notification/prior authorization request for members who already have an authorization for these medications on the effective date noted above.

Note: Certain specialty medical injectable drug programs and updates will not be implemented at this time for providers practicing in Rhode Island, with respect to certain commercial members, pursuant to the Rhode Island regulation: 230 -RICR-20-30-14. UnitedHealthcare encourages providers practicing in Rhode Island to call in to confirm if prior authorization is required. This exception does not apply to Medicaid and Medicare.

Medical Benefit Therapeutic Equivalent Medications - Excluded Drugs Policy Expansion to UnitedHealthcare Commercial Self-Funded Members – Effective January 1, 2023

We’re committed to providing the members we insure with access to high-quality medications at the lowest possible cost. In some cases, there are lower-cost options available for coverage when there are multiple medications that are used to treat the same condition for your patients. Due to the results of a clinical review & the availability of lower cost alternatives, coverage is changing for some medications. This program was implemented for our Fully Insured members on July 1, 2022 and will be expanding to participating self-funded membership on January 1, 2023.

Who’s Affected

These changes affect UnitedHealthcare Commercial self-funded plan members, including members of affiliate plans, such as UnitedHealthcare of the Mid-Atlantic, UnitedHealthcare Oxford and UnitedHealthcare of the River Valley.

Important Points

- We will honor all approved prior authorizations for the non-covered medication until the end date of the authorization or the date the member’s eligibility changes.
- If you administer the non-covered medication to your patient after the prior authorization expires, it will not be covered.
- This change applies whether a member is new to therapy or has already been receiving the medication.



- We may require a notification/prior authorization for the other suggested medication options listed.
- Coverage reviews conducted as part of our prior authorization process for the medication options above may also evaluate the site of care for the administration of the medication. Coverage determinations will consider whether the patient has a need for more intensive service.
- We may require medication sourcing for other medication options listed as part of the UnitedHealthcare Provider Administrative Guide. Outpatient providers may not be able to “buy and bill” for other medication options listed. We have contracted pharmacies for the distribution of these medications.
- 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.

This table summarizes the excluded medications and includes suggested alternatives.

Drug Class	Excluded Medication		Other Options	
Immune Globulin	Asceniv™ Cutaquig® Panzyga®		Bivigam® Cuvitru® Carimune® Flebogamma® Gammagard® Gammaked™ Gammaplex®	Gamunex-C® Hizentra® Hyqvia® Octagam® Privigen® Xembify®
Sodium Hyaluronate	Gel-One® Genvisc® 850 Hyalgan® Hymovis® Monovisc® Orthovisc®	Supartz FX® SynoJoynt™ Synvisc® Synvisc One® Triluron® TriVisc® Visco-3™	Durolane® Euflexxa® Gelsyn-3®	

Updates for UnitedHealthcare prior authorizations for bleeding disorder medications and for voluntary requests for pre-determination

Coming in 2023, Optum, an affiliate company of UnitedHealthcare, will start managing prior authorization requests from providers seeking medical benefit coverage for medications used to treat bleeding disorders, such as Hemlibra or factor products, for UnitedHealthcare commercial plan members. Providers seeking coverage for members that self-administer their bleeding disorders medication should contact the member’s pharmacy benefit manager for coverage questions.

In addition, the **process for requesting pre-determination for medications covered under the medical benefit** will also be moving to Optum. A pre-determination is a voluntary request for benefit coverage review for a medication or service that does not require prior authorization.



Requesting prior authorizations or pre-determinations using the Specialty Guidance Program tool in the **UnitedHealthcare Provider Portal** is designed to reduce the turnaround time for a determination by leveraging auto-decisioning technology that results in over 50%* of all prior authorization cases approved in real time. The system will document clinical requirements, as applicable, during the intake process and prompt you to provide responses to the clinical criteria questions. You can also call **888-397-8129** for help with a prior authorization or pre-determination.

How to request prior authorization or pre-determination

Submit requests online using the Specialty Guidance Program tool.

- Sign in to the **UnitedHealthcare Provider Portal** using your One Healthcare ID
- Select the "Prior Authorization" tab in the menu, and you will be redirected to the prior authorization tool
- Select "Submission & Status" under the **Specialty Pharmacy Transaction** header
- There will be an option for pre-determination on medications that do not require prior authorization.
- Be sure to attach medical records for prior authorization requests, if prompted

Please use this online process when requesting notification/prior authorization for a specialty medication listed under the injectable medications section of the **Enterprise Prior Authorization List**.

You'll need to request a prior authorization once an existing authorization expires or if you change the therapy. Changes in therapy include place of therapy, dose or frequency of administration. If you have already obtained an authorization for a member, that authorization is still active until the original expiration date.

While pre-determinations are not required, you can use this same process to request a voluntary review for medication codes not listed on the Enterprise Prior Authorization List, if desired. The Specialty Guidance Program will notify you that no prior authorization is required.

Learn more about the **Specialty Guidance Program**.

Questions?

Please contact your provider advocate or network contract manager.

* UnitedHealthcare 2021 provider auto-approval rate report

Update on shortage of INFeD®

UnitedHealthcare has been monitoring the current market shortage of INFeD® (iron dextran), which may last into 2023. Given the supply challenges, UnitedHealthcare will temporarily allow requests for Feraheme® (ferumoxytol) to bypass preferred products requirements within the posted Intravenous Iron Replacement Therapy Drug Policy. Providers should follow the normal prior authorization process to request coverage for Feraheme® or its generic, ferumoxytol. We will continue to reevaluate the situation as it evolves.