

April 2023

# 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
<b>Altuviiiio™</b> (Antihemophilic Factor [recombinant], Fc-VWF-XTEN fusion protein-ehtl)	X				Indicated for routine prophylaxis and on-demand treatment to control bleeding episodes, as well as perioperative management (surgery) for adults and children with hemophilia A.
<b>Lamzede®</b> (velmanese alfa)	X	X		X	Indicated for the treatment of the non-neurological effects of alpha-mannosidosis, a rare genetic condition characterized by the lack of alpha-mannosidase enzyme in the body.
<b>Syfovre™</b> (pegcetacoplan)	X	X	X	X	Indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, go to [UHCprovider.com](https://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](https://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](https://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](https://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](#)

### SPECIALTY MEDICAL INJECTABLE DRUGS ADDED TO MEDICATION SOURCING FOR OUTPATIENT HOSPITALS

Drug Name	Effective Date	Therapeutic Class	HCPC Code	Specialty Pharmacy
Sunlenca®	7/1/2023	HIV	J3490 J3590 C9399	To be determined



Outpatient facilities are required to obtain the medications listed in the [specialty pharmacy requirements drug list for UnitedHealthcare commercial plans](#) from the indicated specialty pharmacies for distribution of these medications, unless otherwise authorized by us. In the event 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 drug is not to bill us for the medication obtained through the specialty pharmacy.

### 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
<b>Aduhelm®</b> (aducanumab-avwa)	7/1/2023		X			Used for the treatment of Alzheimer's Disease in those with mild cognitive impairment or mild dementia state of the disease and confirmed presence of amyloid beta pathology.	<ul style="list-style-type: none"> <li>Add notification/prior authorization effective 7/1/23</li> </ul>
Lanreotide	7/1/2023	X				<p>Long-term treatment of acromegalic patients who have an inadequate response to or cannot be treated with surgery and/or radiotherapy.</p> <p>The treatment of adult patients with unresectable, well or moderately differentiated, locally advanced or metastatic</p>	<ul style="list-style-type: none"> <li>Add Prior Authorization Notification 7/1/23</li> <li>Add as non-preferred product - Somatuline® Depot is preferred</li> <li>Oncology use will be managed through CGP</li> </ul>

						gastroenteropancreatic neuroendocrine tumors.	
<b>Leqembi™</b> (lecanemab-irmb)	7/1/2023		X	X		Used for the treatment of Alzheimer's disease in those with mild cognitive impairment or mild dementia state of the disease and confirmed presence of amyloid beta pathology.	<ul style="list-style-type: none"> <li>Add notification/prior authorization effective 7/1/23</li> </ul>
<b>Sunlenca®</b> (lenacapavir)	7/1/2023	X	X		X	Indicated for, in combination with other antiretroviral(s), the treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations.	<ul style="list-style-type: none"> <li>Add notification/prior authorization effective 7/1/23</li> <li>For commercial, add to Site of Care and Medication Sourcing</li> </ul>
<b>Syfovre™</b> (pegcetacoplan)	7/1/2023		X	X		Used for the treatment of Geographic Atrophy (GA), secondary to age-related macular degeneration.	<ul style="list-style-type: none"> <li>Add notification/prior authorization effective 7/1/23</li> </ul>

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.

## New and Updated Procedure Codes for Injectable Medications – April 1<sup>st</sup>, 2023

Effective April 1, 2023, new procedure codes were created for certain drugs due to updates from the Centers for Medicare & Medicaid Services (CMS). Correct coding rules dictate that assigned and permanent codes should be used when available. The following injectable medications will have new codes:

- **Cimerli™** (ranibizumab-eqrn) – Q5128
- **Flynetra®** (pegfilgrastim-pbbk) – Q5130
- **Hemgenix®** (etranacogene dezaparvovec-drlb)– J1411
- **Rolvedon™** (eflapeggrastim-xnst) – J1449



- **Stimufend**<sup>®</sup> (pegfilgrastim-fpgk)– Q5127
- **Spevigo**<sup>®</sup> (spesolimab-sbzo)– J1747
- **Tziel**<sup>™</sup> (teplizumab-mzwv) – C9149
- **Xenpozyme**<sup>™</sup> (olipudase alfa-rpcp)– J0218
- **Vegzelma** (bevacizumab-adcd) – Q5129