

February 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
Briumvi™ (ublituximab-xiiy)	X	X		X	Indicated for the treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.
Rebyota™ (fecal microbiota, live-jslm)	X	X		X	Indicated for the prevention of recurrence of <i>Clostridioides difficile</i> (C.diff) infection in individuals 18 years of age and older, following antibiotic treatment for recurrent C. diff infection.
Sunlenca® (lenacapavir)	X	X		X	Indicated for 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.
Leqembi™ (lecanemab-irmb)	X	X	X	X	Indicated for the treatment of Alzheimer's disease in patients with mild cognitive impairment or mild dementia stage of disease.

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 > 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.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](https://UHCprovider.com).



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
Intravitreal Vascular Endothelial Growth Factor (VEGF) Inhibitors: Beovu, Byooviz, Cimerli, Eylea, Lucentis, Susvimo, Vabysmo	05/01/2023		X			Used for the treatment of ophthalmologic conditions that include but is not limited to: Neovascular (wet) age-related macular degeneration (AMD), Diabetic macular edema (DME), Diabetic retinopathy (DR)	<ul style="list-style-type: none"> • Add Notification/Prior Authorization <ul style="list-style-type: none"> ○ Current users will have a 12-month authorization entered so providers do not need to submit a request

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.

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

Effective April 1, 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 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 a voluntary pre-determination for medications covered under the medical benefit** will also be moving to Optum. A pre-determination is a 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

Updates to the oncology specialty pharmacy requirement for commercial plan members

Effective for dates of service on or after February 1, 2023, the **medication sourcing requirement** for the following oncology supportive care medications will no longer apply for outpatient hospital providers. The drugs still require prior authorization per the **Enterprise Prior Authorization List**:

Drug Name	HCPC Code
Granix®	J1447
Leukine®	J2820



Neupogen®	J1442
Nivestym®	Q5110
Prolia®	J0897
Xgeva®	J0897
Zarxio®	Q5101

Questions? Please contact your Network Management or Provider Relations teams.

Specialty pharmacy requirements - UnitedHealthcare Commercial Plans (uhcprovider.com)