



Medical benefit specialty drug update bulletin – July 2024

Specialty drug program updates for UnitedHealthcare Commercial, Community Plan, Medicare Advantage and Individual & Family Plans

Specialty medical injectable drugs added to Review at Launch						
Drug Name	HCPs Code(s)	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	UnitedHealthcare Individual & Family	Treatment Uses
Beqvez™ (fidanacogene elaparvovec-dzkt)	J3490/J3590/ C9399			X		Gene therapy used to treat adults with moderate to severe hemophilia B
Wezlana™ (ustekinumab-auub)	Q5137 – SC Q5138 – IV	X	X		X	Biosimilar for Stelara used to treat adults with moderate to severe plaque psoriasis, active psoriatic arthritis, or moderately to severely active Crohn’s disease, moderately to severely active ulcerative colitis; and pediatric patients 6 years and older with moderate to severe plaque psoriasis or active psoriatic arthritis.



Note: Drugs added to Review at Launch may not yet be available in the marketplace.

To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, visit UHCprovider.com > Resources > Health Plans, policies, protocols and guides > For Commercial Plans > Medical & Drug Policies for UnitedHealthcare Commercial Plans > *Review at Launch for New to Market Medications – Commercial Medical Benefit Drug Policy* > **Review at Launch Medication List**.

To view the **UnitedHealthcare Community Plan** Review at Launch Drug List Plan, visit UHCprovider.com > Resources > Health Plans, policies, protocols and guides > For Community Plans > Medical & Drug Policies for Community Plan > *Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy* > **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, visit UHCprovider.com > Resources > Health plans, policies, protocols and guides > For



To view the **UnitedHealthcare Individual & Family Plan** Review at Launch Medication List, visit UHCprovider.com > Resources > Health plans, policies, protocols and guides > For Individual Exchange Plans > Medical & Drug Policies for UnitedHealthcare Individual Exchange Plans > *Review at Launch for New to Market Medications – Individual Exchange Medical Benefit Drug Policy* > **Review at Launch Medication List.**

Specialty medical injectable drugs added to Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs – UnitedHealthcare Commercial

Excluded Medication	Effective Date	Therapeutic Class	HCPCS Code(s)	Other Options
Eylea® HD* (aflibercept)	10/1/24	Ophthalmologic VEGF inhibitors	J0177	Avastin, Cimerli® (Lucentis biosimilar), Eylea®, Lucentis®, and Vabysmo®

**This is a reminder; Eylea® HD strategy was initially included in the June Network News*

Specialty medical injectable drugs added to Medication Sourcing for All Outpatient Providers – UnitedHealthcare Commercial

Drug Name	Effective Date	Therapeutic Class	HCPCS Code(s)	Specialty Pharmacy
Beqvez™ (fidanacogene elaparvovec-dzkt)	10/1/24	Gene therapy	J3490, J3590, C9399	TBD

Specialty medical injectable drugs added to Medication Sourcing for Outpatient Hospital Providers Only – UnitedHealthcare Commercial

Drug Name	Effective Date	Therapeutic Class	HCPCS Code(s)	Specialty Pharmacy
Eylea® HD (aflibercept)	10/1/24	Ophthalmologic VEGF inhibitors	J0177	Amber Specialty Pharmacy Optum Pharmacy (Specialty)



Outpatient hospitals are required to obtain the medications listed in the **Medication Sourcing Protocol – Requirements to use a participating specialty pharmacy for certain medications document** from the indicated specialty pharmacies for distribution of these medications, unless otherwise authorized by us. When 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 but may bill us for the administration of the medication to the member.



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
Beqvez™ (fidanacogene elaparvovec-dzkt)	10/1/24	X	X	X	X	Gene therapy indicated for the treatment of adults with moderate to severe hemophilia B	<ul style="list-style-type: none"> Add prior authorization/ notification
Cimzia® (certolizumab pegol)	10/1/24				X	Used to treat inflammatory conditions such as Crohn's disease, psoriatic arthritis, and rheumatoid arthritis	<ul style="list-style-type: none"> Add prior authorization/ notification
Cuvitru (immune globulin subcutaneous)	7/1/24	X				Used as replacement therapy for primary humoral immunodeficiency in adult and pediatric patients two years of age and older	<ul style="list-style-type: none"> Remove from Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs and maintain prior authorization and Site of Care requirements
Eylea® HD* (aflibercept)	10/1/24	X				Used to treat neovascular age-related macular degeneration, diabetic macular edema, and diabetic retinopathy	<ul style="list-style-type: none"> Add prior authorization/ notification in states where coverage is not excluded Add as a non-preferred product; members must step through therapeutic equivalents prior to coverage for Eylea® HD
Spevigo® SC (spesolimab-sbzo)	10/1/24	X				Used for the prevention of flare in generalized pustular psoriasis (GPP)	<ul style="list-style-type: none"> Add to Site of Care
Tofidence™ (tocilizumab-bavi)	10/1/24		X			Used for the treatment of inflammatory conditions such as rheumatoid arthritis and juvenile idiopathic arthritis	<ul style="list-style-type: none"> Add prior authorization/ notification Add to Site of Care



Tyenne® (tocilizumab-aazg)	10/1/24	X		Used for the treatment of inflammatory conditions such as rheumatoid arthritis, juvenile idiopathic arthritis, and giant cell arteritis	<ul style="list-style-type: none"> • Add prior authorization/ notification • Add to Site of Care
Zymfentra™ (infliximab-dyyb)	10/1/24	X	X	Used to treat Crohn's disease and ulcerative colitis	<ul style="list-style-type: none"> • Add prior authorization/ notification

**This is a reminder; Eylea® HD strategy was initially included in the June Network News*

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.

Reimbursement Updates for Standard Fee Schedules

On July 1, 2024, UHC will review the source fee reference pricing for Avsola® and Truxima® and potentially adjust it to help address changes in provider acquisition costs, allocation of drug product, and potential declining ASP. It is our intention that this adjustment should enable economic stability and allow provider practices to continue to infuse preferred products in the office. This adjustment is part of our routine maintenance that occurs quarterly related to CMS drug pricing updates. This is just one action we are taking to partner with providers to ensure our members have access to high-quality services at an affordable cost. If there is a contraindication or concern for using one of the preferred products for an individual patient, we encourage you to add this information to the prior authorization request so we can address it during the prior authorization review.

