



Medical benefit specialty drug update bulletin – June 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	HCPCs Code(s)	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	UnitedHealthcare Individual & Family	Treatment Uses
Beqvez™ (fidanacogene elaparvovec-dzkt)	J3490/ J3590/ C9399	X	X		X	Gene therapy used to treat adults with moderate to severe hemophilia B



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 Medicare Advantage Plans > Coverage Summaries for Medicare Advantage Plans > *Medications/Drugs (Outpatient/Part B) – Medicare Advantage Coverage Summary* > Supporting Information > **Other Examples of Specific Drugs/Medications**



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 and 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	Other Options
Eylea® HD (aflibercept)	10/1/2024	Ophthalmologic VEGF inhibitors	J0177	Avastin, Cimerli® (Lucentis biosimilar), Eylea®, Lucentis®, and Vabysmo®

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

Drug Name	Effective Date	Therapeutic Class	HCPCS Code	Specialty Pharmacy
Cosentyx® IV formulation (secukinumab)	7/1/2024	Inflammatory conditions	J3247	Caremark (CVS Specialty)
Rivfloza™ (nedosiran)	7/1/2024	Enzyme replacement therapy	J3490/J3590/ C9399	Caremark (CVS Specialty)



Outpatient hospitals 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. 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
Eylea® HD (aflibercept)	10/1/2024	X				Used to treat neovascular age-related macular	<ul style="list-style-type: none"> Add prior authorization/ notification in states



						degeneration, diabetic macular edema, and diabetic retinopathy	<ul style="list-style-type: none"> where coverage is not excluded Add as a non-preferred product; members must step through therapeutic equivalent alternative prior to coverage for Eylea® HD
Fluphenazine Hydrochloride Injection	9/1/2024		X Pennsylvania only			Used to treat schizophrenia	<ul style="list-style-type: none"> Add prior authorization/notification
Uzedy™ (risperidone)	9/1/2024		X Pennsylvania only			Used to treat schizophrenia	<ul style="list-style-type: none"> Add prior authorization/notification
Winrevair™ (sotatercept-csrk)		X Effective 5/20/24	X Effective 5/31/24		X Effective 5/31/24	Used to treat adults with pulmonary arterial hypertension	<ul style="list-style-type: none"> Winrevair was removed from the Review at Launch program due to the ability to self-administer this medication. Please contact the member's pharmacy benefit for coverage information.

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 – Effective July 1, 2024

Centers for Medicare & Medicaid Services (CMS) has issued new procedure codes for certain injectable medications effective July 1, 2024. Correct coding rules dictate that assigned and permanent codes should be used when available. The injectable medications listed below will have new codes and may require prior authorization.

Note: Drugs with newly assigned CMS codes may not yet be available in the marketplace.

- **Adzyna** (ADAMTS₁₃, recombinant-krhn) – J7171
- **Cosentyx**[®] IV (secukinumab) – J3247
- **Lyfgenia**[™] (lovotibeglogene autotemcel) – J3394
- **OmvoH**[™] **IV** (mirikizumab-mrkz)– J2267
- **Wezlana**[™] **SC** (ustekinumab)– Q5137
- **Wezlana**[™] **IV** (ustekinumab)– Q5138
- **Zymfentra**[™] (infliximab-dyyb) – J1748
- **Zynteglo**[™] (betibeglogene autotemcel)– J3393

