

September 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
Cimerli™ (ranibizumab-eqrn)	X	X		X	Indicated for the treatment of neovascular (wet) age-related macular degeneration, macular edema following retinal vein occlusion, diabetic macular edema, diabetic retinopathy, and myopic choroidal neovascularization.



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
Skyrizi® - IV formulation (risankizumab-rzaa)	11/1/22	X				Used to treat adults with moderate to severe Crohn's disease.	<ul style="list-style-type: none"> • Add Notification / Prior Authorization • Add Site of Care • Subcutaneous self-administered Skyrizi is covered under the pharmacy benefit

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 October 1st, 2022

Effective October 1, 2022, 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:

- **Allymsys®** (bevacizumab-maly) – C9142
- **Carvykti™** (ciltacabtagene autoleucel) – Q2056
- **Enjaymo™** (sutimlimab-jome) – J1302
- **Releuko®** (filgrastim-ayow) – Q5125
- **Vabysmo®** (faricimab-svoa) – J2777