



Medical benefit specialty drug update bulletin – April 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
Tofidence™ (tocilizumab-bavi)	Q5133	X	X		X	Biosimilar for Actemra indicated for the treatment of rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, and systemic juvenile idiopathic arthritis.
Tyenne® (tocilizumab-aazg)	J3490/J3590/ C9399	X	X		X	Biosimilar for Actemra indicated for the treatment of rheumatoid arthritis, giant cell arteritis, polyarticular juvenile idiopathic arthritis, and systemic juvenile idiopathic arthritis.
Tyruko® (natalizumab-sztn)	Q5134	X			X	Biosimilar for Tysabri indicated for the treatment of multiple sclerosis and Crohn’s disease.



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 > 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, visit 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, visit 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, visit 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 Hospital Providers Only – UnitedHealthcare Commercial				
Drug Name	Effective Date	Therapeutic Class	HCPCS Code	Specialty Pharmacy
Cosentyx® IV	07/01/24	Inflammatory Conditions	J3490, J3590, C9166	TBD
Rivfloza™	07/01/24	Enzyme Replacement Therapy	J3490, J3590, C9399	TBD



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
Amtagvi™ (lifileucel)	07/01/24	X	X	X	X	Tumor infiltrating lymphocyte therapy used to treat advanced melanoma.	<ul style="list-style-type: none"> • Add prior authorization/notification • Will be managed by Optum Transplant and given inpatient



Cosentyx® IV (secukinumab)	07/01/24	X	X	X	X	Indicated for the treatment of patients with psoriatic arthritis, ankylosing spondylitis, or axial spondyloarthritis.	<ul style="list-style-type: none"> • Add prior authorization/notification • Add to Site of Care for Commercial and Community Plans • Add as non-preferred product for Commercial – Cosentyx® SC is preferred
Lenmeldy™ (atidarsagene autotemcel)	07/01/24	X	X	X	X	Gene therapy indicated for the treatment of children with early-onset metachromatic leukodystrophy.	<ul style="list-style-type: none"> • Add prior authorization/notification • Will be managed by Optum Transplant
Rivfloza™ (nedosiran)	07/01/24	X	X	X	X	Used to lower urinary oxalate levels in children 9 years of age and older and adults with primary hyperoxaluria type 1 (PH1) and relatively preserved kidney function.	<ul style="list-style-type: none"> • Add prior authorization/notification • Add to Site of Care for Commercial

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.

Infliximab Reimbursement Updates for Standard Fee Schedules

On April 1, 2024, UHC revised the source fee reference pricing for both Inflectra and Avsola to help address changes in provider acquisition costs, allocation of drug product, and the current ASP price decline the market is experiencing. It is our intention that this adjustment should allow provider practices to continue to infuse preferred infliximab products in the office. This adjustment was part of our routine pricing schedule maintenance that occurs quarterly related to CMS drug pricing updates. This is just one action we are taking to partner with our providers to ensure our members have access to high-quality services at the lowest 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.



New and Updated Procedure Codes for Injectable Medications – Effective April 1, 2024

Effective April 1, 2024, 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 and may require prior authorization:

- **Adzyna** (ADAMTS₁₃, recombinant-krhn) – C9167
- **Brixadi**[®] (buprenorphine, < or = to 7 days of therapy) – J0577
- **Brixadi**[®] (buprenorphine, > 7 days and up to 28 days of therapy) – J0578
- **Cosentyx**[®] **IV** (secukinumab) – C9166
- **Daxxify**[®] (daxibotulinumtoxin A-lanm) – J0589
- **Eylea**[®] **HD** (afibercept) – J0177
- **Izervay**[™] (avacincaptad pegol) – J2782
- **Omvoh**[™] **IV** (mirikizumab-mrkz) – C9168
- **Pombiliti**[™] (cipaglucoisidase alfa) – J1203
- **Veopoz**[™] (pozelimab-bbfg) – J9376

