INSTRUCTIONS FOR USE

This Drug Policy provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Drug Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Drug Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Drug Policy. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Drug Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. See the Policy and Procedure addressing the treatment of serious rare diseases.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.
COVERAGE RATIONALE

This Medical Benefit Drug Policy applies to certain newly launched medical benefit medications that are healthcare provider administered, have not yet undergone review by UnitedHealthcare, and a utilization management strategy has not yet been put in place.

A medication will be subject to review at launch when the medication is listed on the Review at Launch Medication List. A medication subject to review at launch will be:

- Excluded from coverage until the date the medication is reviewed by UnitedHealthcare and a utilization management strategy has been communicated as may be required by law or by December 31 of the following calendar year, whichever is earliest; or
- Reviewed against available clinical evidence, which includes applicable Medical Benefit Drug Policies.

Providers are strongly encouraged to seek a pre-determination on any new to market medications that are subject to review at launch to ensure coverage. Please be aware if a pre-determination is not requested, UnitedHealthcare may later deny the service or item as not medically appropriate or not covered. If a provider knows or has reason to believe that a service or item may not be covered, the provider must request a pre-service organization determination from UnitedHealthcare prior to providing or referring for the service or item. A provider may not collect payment from our commercial members for services not covered under the applicable benefit plan, unless the member provided written consent before the service was rendered. See the UnitedHealthcare Care Provider Administrative Guide for more detail.

Medical Benefit Drug Policies express UnitedHealthcare’s determination of whether a health service is proven to be effective based on published clinical evidence. They are also used to decide whether a given health service is medically necessary. Services determined to be experimental, investigational, unproven or not medically necessary by the clinical evidence are typically not covered.

BACKGROUND

The Review at Launch program provides UnitedHealthcare the ability to review, evaluate, and implement programs for new to market medications. The medication may move to a covered status once the medication has been evaluated by UnitedHealthcare and a utilization management strategy has been communicated as may be required by law.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C9399</td>
<td>Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)</td>
</tr>
<tr>
<td>J3490</td>
<td>Unclassified drugs</td>
</tr>
<tr>
<td>J3590</td>
<td>Unclassified biologics</td>
</tr>
</tbody>
</table>

REFERENCES

### POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018</td>
<td>• New policy</td>
</tr>
</tbody>
</table>