

December 2020

Medical benefit specialty drug update **bulletin**

Specialty Drug Program Updates for UnitedHealthcare Commercial, Community Plan, and Medicare Advantage

Review the following table to determine changes to our specialty medical injectable drug programs.

UPDATES TO DRUG PROGRAM REQUIREMENTS AND DRUG POLICIES						
Drug Name	Effective Date	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	Treatment Uses	Summary of Changes
Alpha₁-Proteinase Inhibitors (Aralast NP™, Glassia™, Prolastin-C®, Zemaira®)	Mar. 1, 2021		X UHC Community Plan of New Jersey only		These medications are used for the treatment of patients with congenital AAT-deficiency (AATD) who have clinically evident emphysema.	<ul style="list-style-type: none"> Require prior authorization.
Enzyme Replacement Therapy (Aldurazyme®, Cerezyme®, Elaprase®, Eleyso®, Fabrazyme®, Kanuma™, Lumizyme®, Mepsevii™, Naglazyme®, Revcovi™, Vimizim®, VPRIV®)	Mar. 1, 2021		X UHC Community Plan of New Jersey only		These medications are used for the treatment of a variety of enzyme deficiency syndromes in adult and pediatric patients.	<ul style="list-style-type: none"> Require prior authorization.
Krystexxa®	Mar. 1, 2021		X UHC Community Plan of New Jersey only		Krystexxa is for the treatment of hyperuricemia in patients with treatment resistant gout.	<ul style="list-style-type: none"> Require prior authorization.

UPDATES TO DRUG PROGRAM REQUIREMENTS AND DRUG POLICIES

Drug Name	Effective Date	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	Treatment Uses	Summary of Changes
Remicade® and Infliximab biosimilars	Feb. 1, 2021	x	x		These provider-administered medications are used for the treatment of certain inflammatory conditions such as ankylosing spondylitis, Crohn's disease, noninfectious uveitis, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, sarcoidosis, and ulcerative colitis.	<ul style="list-style-type: none"> Preferred products will be: Inflectra® and Avsola™. Non-preferred products will be: Remicade® and Renflexis®.
Tysabri®	Mar. 1, 2021		X UHC Community Plan of New Jersey only		Tysabri is used for the treatment of multiple sclerosis and Crohn's disease.	<ul style="list-style-type: none"> Require prior authorization.

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. Providers 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 for providers practicing in Rhode Island, with respect to certain commercial members, until reviewed and approved by the Rhode Island Office of Health Insurance Commissioner (OHIC). 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 Medical Benefit Management Webpage on UHCprovider.com

UnitedHealthcare has developed a new Specialty Pharmacy - Medical Benefit Management webpage on UHCprovider.com to proactively and continuously provide information regarding our specialty medical injectable programs and protocols. Some of the programs and protocols include Site of Care, Specialty Guidance Program, Medication Sourcing Expansion protocol, as well as others. This webpage includes overviews, FAQs, and additional resources for providers and provider support staff to understand and navigate our programs and protocols covered under the Medical Benefit.

The new webpage can be found by visiting UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > Specialty Pharmacy - Medical Benefit Management (Provider Administered Drugs).