

July 2020

# specialty medical injectables update **bulletin**

UnitedHealthcare Specialty Medical Injectable Drug Program Updates

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	Treatment Uses
Scenesse® (afamelanotide)	X	X		Used to increase pain free light exposure in adult patients with a history of phototoxic reactions from erythropoietic protoporphyria (EPP).
Uplizna™ (inebilizumab-cdon)	X	X		For the Treatment of Neuromyelitis Optica Spectrum Disorder (NMOSD).

To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, go to [UHCprovider.com](http://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](http://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](#).

The **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](http://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*.

**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
<b><u>Alpha<sub>1</sub>-Proteinase Inhibitors</u></b> <b><u>(Aralast NP™, Glassia™, Prolastin-C®, Zemaira®)</u></b>	Oct. 1, 2020		X UHC Community Plan of Pennsylvania 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"> <li>Require prior authorization.</li> </ul>
<b><u>Enzyme Replacement Therapy</u></b> <b><u>(Aldurazyme®, Cerezyme®, Elaprase®, Elelyso®, Fabrazyme®, Kanuma™, Lumizyme®, Mepsevii™, Naglazyme®, Revcovi™, Vimizim®, VPRIV®)</u></b>	Oct. 1, 2020		X UHC Community Plan of Pennsylvania 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"> <li>Require prior authorization.</li> </ul>
<b><u>Hereditary Angioedema (HAE) Drug Class</u></b> <b><u>(Berinert®, Cinryze®, Kalbitor®, Ruconest®)</u></b>	Oct. 1, 2020	X	X		These medications are used for the treatment or prevention of hereditary angioedema (HAE).	<ul style="list-style-type: none"> <li>Require notification/prior authorization.</li> <li>Add clinical criteria to include a step therapy requirement through Ruconest, prior to the use of Berinert.</li> <li>Self-administration drugs will be redirected to the Pharmacy benefit.</li> </ul>
<b><u>Krystexxa®</u></b>	Oct. 1, 2020	X	X UHC Community Plan of Pennsylvania only		Krystexxa is for the treatment of hyperuricemia in patients with treatment resistant gout.	<ul style="list-style-type: none"> <li>For UHC Commercial plans - Require notification/prior authorization for Outpatient Hospital Place of Service (POS) 19 and 22.</li> <li>For UHC Community Plan Pennsylvania – Require prior authorization for all places of services.</li> </ul>

**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
<b><u>Monoferric™ – IV Iron</u></b>	Oct. 1, 2020	X	X		For the treatment of iron deficiency anemia in adult patients who have an intolerance to oral iron or have had unsatisfactory response to oral iron, or who have non-hemodialysis dependent chronic kidney disease.	<ul style="list-style-type: none"> <li>Require notification/prior authorization.</li> <li>Monoferric will be a non-preferred product. Venofer, Ferrlecit, and Infed will be the preferred IV iron products.</li> </ul>
<b><u>Tepezza™</u></b>	Oct. 1, 2020	X	X	X	Tepezza is for the treatment of thyroid eye disease in adults.	<ul style="list-style-type: none"> <li>Require notification/prior authorization.</li> <li>For UHC Commercial plans, Site of Care Review will be conducted.</li> </ul>
<b><u>Tysabri®</u></b>	Oct. 1, 2020	X	X UHC Community Plan of Pennsylvania only		Tysabri is used for the treatment of multiple sclerosis and Crohn’s disease.	<ul style="list-style-type: none"> <li>For UHC Commercial plans - Require notification/ prior authorization for Outpatient Hospital Place of Service (POS) 19 and 22.</li> <li>For UHC Community Plan Pennsylvania – Require prior authorization for all places of services.</li> </ul>
<b><u>Vyepti™</u></b>	Oct. 1, 2020	X	X		Vyepti is used for migraine prophylaxis in adults.	<ul style="list-style-type: none"> <li>Require notification/prior authorization.</li> <li>For UHC Commercial plans, Site of Care Review will be conducted.</li> </ul>

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 program updates will not be implemented for providers practicing in Rhode Island until reviewed and approved by the Rhode Island Office of Health Insurance Commissioner (OHIC).