

November 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
HER2-targeted monoclonal antibodies; trastuzumab products	Feb. 1, 2021	X			Used to treat oncology conditions as per the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium® (NCCN Compendium®).	<ul style="list-style-type: none"> Preferred products: Kanjinti and Trazimera
HER2-targeted monoclonal antibodies; trastuzumab/pertuzumab combination products	Feb. 1, 2021	X			Used to treat oncology conditions as per the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium® (NCCN Compendium®).	<ul style="list-style-type: none"> Preferred products: Phesgo, Trazimera/Perjeta, and Kanjinti/Perjeta

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.



Medical Injectable Drugs – Claims Processing Updates

UnitedHealthcare has made enhancements to our processing applications for injectable medications covered under the medical benefit. These enhancements have streamlined authorization matching criteria to ensure claims are accurately processed according to the prior authorization that was approved for the service. Providers need to validate the accuracy of the services that have been authorized before billing. Failure to bill what was approved in the prior authorization could result in penalties up to and including nonpayment for services rendered.

For more information, please contact the provider services number on the member's ID card.