# Specialty Medical Injectable Drug Program Updates

Care providers should review the following tables to determine changes to our specialty medical injectable drug programs:

## Specialty Medical Injectable Drugs Added to Review at Launch

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>UHC Commercial</th>
<th>UHC Community Plan</th>
<th>UHC Medicare Advantage</th>
<th>Treatment Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adakveo® (crizanlizumab-tmca)</strong></td>
<td>Added 11/25/19</td>
<td>Added 11/25/19</td>
<td>X</td>
<td>To reduce the frequency of vasoocclusive crises (VOCs) in adults and pediatric patients aged 16 years and older with sickle cell disease.</td>
</tr>
<tr>
<td><strong>Avsola™ (infliximab-axxq)</strong></td>
<td>X</td>
<td>X</td>
<td></td>
<td>For the treatment of Crohn’s disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and plaque psoriasis.</td>
</tr>
<tr>
<td><strong>Vyepti™ (eptinezumab-jjmr)</strong></td>
<td>X</td>
<td>X</td>
<td></td>
<td>For the prevention of migraine headache.</td>
</tr>
<tr>
<td><strong>Givlaari™ (givosiran)</strong></td>
<td>Added 12/16/19</td>
<td>Added 12/16/19</td>
<td>X</td>
<td>For the treatment of adult patients with acute hepatic porphyria.</td>
</tr>
</tbody>
</table>


The UnitedHealthcare Medicare Advantage Review at Launch drugs are added as a Review at Launch Part B Medication in the Medications/Drugs (Outpatient/Part B) Coverage Summary. To view the summary, go to 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.

## Delayed Requirement to Use Participating Specialty Pharmacy Providers Due to COVID-19 Public Health Emergency

In response to the COVID-19 public health emergency, UnitedHealthcare is delaying the specialty pharmacy requirement that requires hospitals to obtain certain specialty medications from indicated specialty pharmacies. The requirement will not take effect on April 1, 2020, as was previously communicated. This delay applies to both commercial plans and UnitedHealthcare Community Plan.

We'll inform care providers in advance when a new effective date for specialty pharmacy requirements is known.

If you have questions, please contact your Network Management contact or Provider Advocate.
Specialty Medical Injectable Drug Program Updates

Updates to Drug Program Requirements and Drug Policies

All codes that would be used to bill for these medications will require prior authorization, including any Q or C codes that the Centers for Medicare & Medicaid Services (CMS) may assign to this medication.

Coverage/reimbursement of these products for Community Plan members is also dependent on state Medicaid program decisions. Certain state Medicaid programs may choose to cover a drug through the state’s fee-for-service program and not managed care organizations such as UnitedHealthcare, or they may provide other coverage guidelines and protocols. State Medicaid reimbursement rules/requirements may apply. We encourage you to verify benefits for patients before submitting a prior authorization request or administering the medication.

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| Adakveo® (crizanlizumab-tmca) | Jul. 1, 2020 | X | X | X | Adakveo is indicated to reduce the frequency of vasoocclusive crises (VOCs) in adults and pediatric patients aged 16 years and older with sickle cell disease. | • Require notification/prior authorization.  
• For UHC Commercial plans, Site of Care Review will be conducted. |
| Asthma Strategy — Cinqair®, Fasenra®, and Nucala | May 1, 2020 | X | X | | Cinqair, Fasenra, and Nucala are indicated for the treatment of eosinophilic asthma. Nucala is also indicated for the treatment of eosinophilic granulomatosis with polyangiitis (EGPA) | • Add clinical criteria for Cinqair to include a step therapy requirement through preferred products — Fasenra or Nucala.  
• Requests for coverage of Fasenra or Nucala under the medical benefit will be redirected to the self-administered products under the pharmacy benefit if the member is able to self-administer the medication. Provider administered therapy will be evaluated for medical necessity.  
• For UHC Commercial plans, Site of Care Review will be conducted. |
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| Avsola™ (infliximab-axxq) | Jul. 1, 2020   |                |                    |                        | Avsola is a tumor necrosis factor (TNF) blocker indicated for the treatment of Crohn’s disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and plaque psoriasis. | • Require prior authorization.  
• Site of Care review will be conducted in the following states: AZ, HI, MD, NE, NJ, OH, PA, TX.  
• Avsola will be a non-preferred product. The preferred infliximab products are Inflectra and Renflexis. |
| Givlaari™ (givosiran) | Jul. 1, 2020   |                |                    |                        | Givlaari is for the treatment of acute hepatic porphyria (AHP) in adult patients.                                                                    | • Require notification/prior authorization.  
• For UHC Commercial plans, Site of Care Review will be conducted. |
• For UHC Commercial plans, Site of Care Review will be conducted. |
| Inflammatory Expansion (Actemra® Avsola™ Benlysta® Entyvio® Cimzia® Inflectra® Orencia® Remicade® Simponi®/Simponi Aria® Stelara®) | Jul. 1, 2020   |                |                    |                        | The inflammatory biologics are indicated for the treatment of various inflammatory diseases such as rheumatoid arthritis, psoriasis, and inflammatory bowel diseases. | • This class currently requires notification/prior authorization, including site of care reviews.  
We will expand that requirement to all outpatient places of service for all drugs in the class.  
• For Orencia only, add clinical criteria to include a step therapy requirement through self-administered subcutaneous formulation of Orencia.  
• Adding prior authorization and site of care review to Avsola, a non-preferred infliximab product. |
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| Ocrevus®  | Jul. 1, 2020   | X              | X                  |                        | Ocrevus is for the treatment of multiple sclerosis. | • Add clinical criteria to include a step therapy requirement through rituximab for members with relapsing-remitting multiple sclerosis. The step therapy requirement will only apply to new users, not existing Ocrevus users.  
• For UHC Commercial plans, Site of Care reviews will no longer be conducted.  
• For UHC Commercial plans, Admin Guide/Sourcing requirements will be added. Ocrevus will need to be obtained from Optum Infusion Pharmacy or Optum Pharmacy. |
| Ziextenzo® (pegfilgrastim-bmez) | Jul. 1, 2020 | X              | X                  |                        | Ziextenzo is used to decrease the incidence of infection in patients receiving myelosuppressive chemotherapy. | • Require prior authorization.  
• Ziextenzo will be a non-preferred product. The preferred pegfilgrastim product is Neulasta. |


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 dates referenced above.

### New and Updated Procedure Codes for Injectable Medications — Effective Apr. 1st, 2020

Effective Apr. 1, 2020, 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 that may be subject to prior authorization and/or Administrative Guide Protocols will have new codes:

- Adakveo – C9053
- Givlaari – C9056
- Ziextenzo – C9058