UnitedHealthcare®

October 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
Long Acting Colony Stimulating Factors Drug Class (Neulasta®, Udenyca®, Ziextenzo®, Fulphila®, Nyvepria™)	Jan. 1, 2021	X	X	X	For supportive treatment of oncology chemotherapy protocols.	• Add notification/prior authorization for Nyvepria. • For UHC Commercial plans, preferred products: Neulasta & Ziextenzo. • For UHC Community plans, Nyvepria will be non-preferred and Neulasta remains as the preferred product. • For UHC Medicare Advantage, Nyvepria will be added to the Part B Step Therapy program as a non-preferred product.
Scenesse®	Jan. 1, 2021	X	X	X	Scenesse is a melanocortin 1 receptor (MC1-R) agonist indicated to increase pain free light exposure in adult patients with a history of phototoxic reactions from erythropoietic protoporphyria (EPP).	• Add notification/ prior authorization requirement.
Tecartus™ (CAR-T Cell Therapy)	Jan. 1, 2021	X	X	X	Cellular therapy treatment for Mantle Cell Lymphoma (MCL).	• Add notification/ prior authorization requirement. • Coverage reviews will be managed by Optum Transplant Resource Services.
Uplizna™	Jan. 1, 2021	X	X	X	Treatment for neuromyelitis optica spectrum disorder (NMOSD) in adult patients	• Add notification/ prior authorization requirement. • For UHC Commercial plans, Site of Care review will be conducted.

UnitedHealthcare®

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**
					who are anti-aquarporin-4 (AQP4) antibody positive.	
Vascular Endothelial Growth Factor Drug Class (VEGF)	Jan. 1, 2021			X	For the treatment of Age-related macular degeneration (AMD) and diabetic retinopathy.	• This class of drugs will be added to the Part B Step Therapy Program. • Add prior authorization for the non-preferred drugs: Beovu, Eylea, Lucentis, and Macugen, including a step therapy requirement through compounded Avastin (bevacizumab) when used for Age-related macular degeneration (AMD).
Viltepso™	Jan. 1, 2021	X	X		For the treatment of Duchenne muscular dystrophy (DMD) in patients with a mutation of the DMD gene that is amenable to exon 53 skipping.	• Add notification/ prior authorization requirement. • For UHC Commercial plans, Site of Care review will be conducted.

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.

Specialty Medical Injectable Drug Program Updates: Moving to biosimilars for Rituxan®

Biosimilars create a more competitive pricing environment among drug manufacturers that can help drive down drug costs and the continued development of new biosimilar medications is a key factor in long-term specialty cost management. UnitedHealthcare strives to provide coverage for biosimilars whenever possible to ensure a robust pipeline of future products. Each innovator (original biologic) and its biosimilar are evaluated one by one and when financially supportable, we prefer the biosimilar.

Effective Oct. 1, 2020 for UnitedHealthcare commercial plans, Rituxan, the innovator brand, will no longer be preferred for members new to therapy. Ruxience™ and Truxima®, the biosimilars, will now be the preferred products for members new to therapy. With this change, members will need to have tried both Ruxience and Truxima, prior to the use of Rituxan or Rituxan Hycela. These updates apply to oncology and non-oncology uses. UnitedHealthcare will honor all approved prior authorizations on file until the end date on the authorization or the date the member's eligibility changes.

Effective Jan. 1, 2021, UnitedHealthcare Community plans will also prefer biosimilars Ruxience and Truxima, and follow the same requirements noted above for Rituxan and Rituxan Hycela.

Innovator Brand	Biosimilar Brand(s)	Administration method	Benefit	UHC Commercial Preferred Product 10/1/20	UHC Community Plans Preferred Product 1/1/21
Rituxan	Ruxience Truxima	Physician administered	Medical	**Ruxience Truxima**	**Ruxience Truxima**

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.

Step Therapy Prior Authorization Requirements for UnitedHealthcare Medicare Advantage Plans – Effective Jan. 1, 2021

For dates of service on or after Jan. 1, 2021, step therapy prior authorization is required for the following Part B medications and other Part B covered items that are non-preferred products. Preferred medications/items (marked with an * and bolded) **do not** require prior authorization.

Step Therapy Category	Preferred	Drug/ Medical Device Name	HCPCS Code
Hyaluronic Acid Polymers (FDA approved as medical devices)	**Yes**	***Gelsyn-3**	J7328
	Yes	***Durolane**	J7318
	Yes	***Synvisc or Synvisc-One**	J7325
	No	GenVisc 850	J7320
	No	Hyalgan, Supartz, Supartz FX	J7321
	No	Hymovis	J7322
	No	Euflexxa	J7323
	No	Orthovisc	J7324
	No	Gel-One	J7326
	No	Monovisc	J7327
	No	Trivisc	J7329
	No	Synojoynt	J7331
	No	Triluron	J7332
	No	Visco-3	J7333
Immunomodulators	**Yes**	***Inflectra (infliximab-dyyb)**	Q5103
	Yes	***Renflexis (infliximab-abda)**	Q5104

	No	Remicade (infliximab)	J1745
	No	Avsola (infliximab-axxq)	Q5121
Erythropoiesis-Stimulating Agents Note: Epogen (Epoetin Alfa) and Mircera (Methoxy PEG-Epoetin Beta) are not subject to step therapy requirement	**Yes**	***Retacrit (epoetin alfa-epbx)**	Q5106
	No	Aranesp (darbepoetin alfa)	J0881
	No	Procrit (epoetin alfa)	J0885
Colony Stimulating Factors			
Short-Acting	**Yes**	**Zarxio (filgrastim-sndz)**	Q5101
	No	Neupogen (filgrastim)	J1442
	No	Granix (tbo-filgrastim)	J1447
	No	Nivestym (filgrastim-aafi)	Q5110
Long-Acting	**Yes**	**Neulasta (pegfilgrastim)**	J2505
	Yes	**Udenyca (pegfilgrastim-cbqv)**	Q5111
	No	Fulphila (pegfilgrastim-jmdb)	Q5108
	No	Ziextenzo (pegfilgrastim-bmez)	Q5120
	No	Nyvepria (pegfilgrastim-apgf)	J3490/J3590/C9399
Nebulizer Solutions (dispensed at a pharmacy)	**Yes**	***Perforomist**	N/A
	No	Brovana	N/A
Vascular Endothelial Growth Factor (VEGF) Inhibitors	**Yes**	***Compounded Avastin (bevacizumab)**	J9035/C9257
	No	Eylea	J0178
	No	Beovu	J0179
	No	Macugen	J2503
	No	Lucentis	J2778

Updates to Requirements for Specialty Medical Injectable Drugs

Step therapy prior authorization requirements do not apply for members who are currently and actively receiving medications/medical devices (members with a paid claim within the past 365 days) on the list.

Step therapy prior authorizations apply to UnitedHealthcare Medicare Advantage plans, including UnitedHealthcare Dual Complete plans, UnitedHealthcare Group Medicare Advantage plans, and Medica HealthCare and Preferred Care Partners plans of Florida.

Plans excluded from Step Therapy prior authorizations include Medicare Advantage plans offered in California; UnitedHealthcare Connected plans; Peoples Health in Louisiana; PFFS; Erickson Advantage Plans; UnitedHealthcare Dual Complete plans in New Jersey, Tennessee, and Arizona, and UnitedHealthcare Senior Care Options in Massachusetts. Also excluded from Step Therapy prior authorizations include the following Employer Group Medicare Advantage plans: all Group HMO plans and select Group PPO plans (Navistar, Johnson & Johnson, Bristol-Meyers Squibb, Verizon).

How the Step Therapy Prior Authorization Process Will Work for UnitedHealthcare Medicare Advantage Plans

The process of requesting authorization for coverage of a Part B medication covered by this policy is called an organization determination.
In general, an organization determination conducted as part of our prior authorization process for this policy will evaluate the following:

- Terms of the member's benefit plan
- Trial and failure of preferred products
- Applicable Medicare guidance
- The member's treatment history
- Dosage recommendation from the FDA-approved labeling

CMS requires Medicare Advantage plans to complete all Part B Drug coverage determinations/ prior authorization reviews within 72 hours (24 hours for expedited requests). Notifications, including appeal rights will be issued within the required timeframes. Denial decisions for all Part B Step Therapy reviews, inclusive of the Hyaluronic Acid Polymer category, will be issued when clinical information is not received by the plan. **To prevent denial decisions due to lack of information, Providers are strongly encouraged to submit all clinical information with the initial submission of the Part B drug prior authorization request.**

Questions related to the Part B Step Therapy Program or to submit a prior authorization request please use one of the following methods:

- Go to UHCprovider.com/priorauth.
- Call the Provider Services phone number on the back of the member's health care identification card.
- If your patient is receiving a Colony Stimulating Factor used to treat a cancer diagnosis and you are submitting a prior authorization request for outpatient injectable chemotherapy, Optum an affiliate company of UnitedHealthcare, will manage these prior authorization requests. Please reference the following link to submit your request.
  https://www.uhcprovider.com/en/prior-auth-advance-notification/oncology-prior-auth/med-adv-outpatient-injectable-chemo-notification.html
- You may view the Medications/Drugs (Outpatient/Part B) - Medicare Advantage Coverage Summary for affected classes of drugs on UHCprovider.com > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries for Medicare Advantage Plans.

New and Updated Procedure Codes for Injectable Medications – Effective Oct. 1st, 2020

Effective Oct. 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 will have new codes:

- Monoferric - J1437
- Tepezza - J3241
- Vyepti - J3032