

April 2021

# medical benefit specialty drug update **bulletin**

Specialty Drug Program Updates for UnitedHealthcare Commercial, Community Plan, Medicare Advantage, and Value & Balance Exchange

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	UnitedHealthcare Value & Balance Exchange	Treatment Uses
<b>Nulibry™ (fosdenopterin)</b>	X			X	Reduce the risk of mortality in patients with molybdenum cofactor deficiency (MoCD) Type A.

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

To view the **UnitedHealthcare Value & Balance Exchange Plan** Review at Launch Medication List, go to [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Exchange Plans Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Value & Balance Exchange Plans > *Review at Launch for New to Market Medications* > [Review at Launch Medication List](#).

**UPDATES TO DRUG PROGRAM REQUIREMENTS AND DRUG POLICIES**

Drug Name	Effective Date	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Value & Balance Exchange	Treatment Uses	Summary of Changes
<b>Abecma® (Idecaptagene Cicleucel) Car-T Cell Therapy</b>	Jul. 1, 2021	X	X	X	X	Adults with relapsed and refractory multiple myeloma.	<ul style="list-style-type: none"> <li>Add notification/prior authorization requirement.</li> </ul>
<b>Amondys-45™ (casimersen)</b>	Jul. 1, 2021	X	X		X	Duchenne muscular dystrophy (DMD) patients with mutations amenable to exon 45 skipping.	<ul style="list-style-type: none"> <li>Add notification/prior authorization requirement.</li> <li>For UHC Commercial, add Site of Care requirement.</li> </ul>
<b>Breyanzi® (lisocabtagene maraleucel)</b>	Jul. 1, 2021	X	X	X	X	Anti-CD19 CAR T-cell product for aggressive relapsing remitting B cell lymphoma.	<ul style="list-style-type: none"> <li>Add notification/prior authorization requirement.</li> </ul>
<b>Gonadotropin Releasing Hormone Analogs</b>	Jul. 1, 2021		X			A variety of endocrine related conditions such as central precocious puberty, endometriosis, uterine leiomyomata (fibroids), and gender dysphoria.	<ul style="list-style-type: none"> <li>Add prior authorization requirement.</li> </ul>
<b>HER2 targeted monoclonal antibodies; trastuzumab products</b>	Jul. 1, 2021				X	Oncology conditions as per the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium® (NCCN) Compendium®.	<ul style="list-style-type: none"> <li>Preferred products: Kanjinti™ and Trazimera™.</li> </ul>
<b>HER2 targeted monoclonal antibodies; trastuzumab/pertuzumab combination products</b>	Jul. 1, 2021				X	Oncology conditions as per the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium® (NCCN) Compendium®.	<ul style="list-style-type: none"> <li>Preferred products: Phesgo™, Trazimera™/Perjeta®, and Kanjinti™/Perjeta®.</li> </ul>
<b>Krystexxa®</b>	Jul. 1, 2021		X			Hyperuricemia due to chronic gout/gouty arthritis in patients that haven't responded to other treatments.	<ul style="list-style-type: none"> <li>Add prior authorization requirement.</li> </ul>

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<b>Lupron Depot®</b>	Jul. 1, 2021		X		X	Palliative treatment of prostate cancer and used for breast and ovarian cancer.	<ul style="list-style-type: none"> <li>For UHC Community Plan: Add prior authorization requirement for oncology and non-oncology conditions. For oncology conditions, J1950 will be non-preferred; other leuprolide acetate products, that use J9217, will be preferred.</li> <li>For UHC Value &amp; Balance Exchange: Add prior authorization requirement for oncology conditions. For oncology conditions, J1950 will be non-preferred; other leuprolide acetate products, that use J9217, will be preferred.</li> </ul>
<b>Long-Acting Colony Stimulating Factors Drug Class (Neulasta®, Udenyca®, Ziextenzo®, Fulphila®, Nyvepria™)</b>	May 1, 2021				X	Supportive treatment of oncology chemotherapy protocols.	<ul style="list-style-type: none"> <li>Preferred products will be: Neulasta and Ziextenzo.</li> <li>Non-preferred products will be: Fulphila, Nyvepria, and Udenyca.</li> </ul>
<b>Oxlumo™ (lumasiran)</b>	Jul. 1, 2021	X	X	X	X	Primary hyperoxaluria type 1 (PH1) in all age groups.	<ul style="list-style-type: none"> <li>Add notification/prior authorization.</li> <li>For UHC Commercial, add Site of Care requirement.</li> </ul>
<b>Remicade® and Infliximab biosimilars</b>	May 1, 2021				X	Inflammatory conditions such as ankylosing spondylitis, Crohn's disease, noninfectious uveitis, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis,	<ul style="list-style-type: none"> <li>Preferred products will be: Inflectra® and Avsola™.</li> <li>Non-preferred products will be: Remicade® and Renflexis®.</li> </ul>

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Drug Name	Effective Date	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Value & Balance Exchange	Treatment Uses	Summary of Changes
						sarcoidosis, and ulcerative colitis.	
<b>Somatostatin Analogs</b>	Jul. 1, 2021		x			Endocrine disorders such as acromegaly and Cushing's disease.	<ul style="list-style-type: none"> <li>• Add prior authorization requirement.</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. 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 at this time for providers practicing in Rhode Island, with respect to certain commercial members, pursuant to the Rhode Island regulation: 230 -RICR-20-30-14. 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 and Updated Procedure Codes for Injectable Medications – Effective Apr. 1<sup>st</sup>, 2021

Effective Apr. 1, 2021, 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:

- Asceniv (J1554)
- Oxlumio (C9074)
- Tecartus (Q2053)
- Viltepso (J1427)
- Visco-3, Hyalgan, Supartx FX (J7321)