

February 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
Cabenuva® (cabotegravir and rilpivirine, injectable formulation)	X	X		X	For the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults to replace a current antiretroviral regimen in those who are virologically suppressed on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.

To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, go to 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 > 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](#).

To view the **UnitedHealthcare Value & Balance Exchange Plan** Review at Launch Medication List, go to 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](#).

PROGRAM REQUIREMENT AND DRUG POLICY REMINDERS

Drug Name	Effective Date	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Value & Balance Exchange	Treatment Uses	Summary of Changes
Remicade® and Infliximab biosimilars	Feb. 1, 2021	X	X			For the treatment of certain inflammatory conditions such as ankylosing spondylitis, Crohn’s disease, noninfectious uveitis, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, sarcoidosis, and ulcerative colitis.	<ul style="list-style-type: none"> For UHC commercial plan, preferred products: Inflectra® and Avsola™; Remicade and Renflexis® will be non-preferred. For UHC Community Plan, preferred products: Inflectra® and Avsola™; Renflexis® will be non-preferred and Remicade remains non-preferred.
Riabni™ (rituximab-arrx)	Apr. 1, 2021	X			X	Rituximab is for the treatment of several cancer and noncancer-related conditions, including immune thrombocytopenic purpura, pemphigus vulgaris, Wegener’s granulomatosis, rheumatoid arthritis.	<ul style="list-style-type: none"> Add notification/prior authorization requirement. Preferred products: Ruxience® and Truxima®; Rituxan®, Rituxan Hycela® and Riabni™ will be non-preferred.

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. In order to help support the transition, UnitedHealthcare Commercial will be pre-loading authorizations for Inflectra and Avsola for members currently utilizing Remicade.

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.

Part B Step Therapy Program Reminder

Prior Authorization for a non-preferred Part B Step Therapy drug is only required if the member has not been on the non-preferred drug in the last 365 days or is new to UnitedHealthcare. For Medicare Advantage members with a claim for a non-preferred Part B Step Therapy drug in the last 365 days with UnitedHealthcare, authorization is not required. Providers do not need to submit a new authorization request for these members.

The Medicare Part B Step Therapy Programs Policy can be accessed at UHCProvider.com > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries for Medicare Advantage Plans > Medical Benefit Injectable Policies.