

January 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>Oxlumo™ (lumasiran)</b>	X	X		X	For the treatment of primary hyperoxaluria type 1 (PH1) in all age groups.

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>Remicade® and Infliximab biosimilars</b>	Feb. 1, 2021	X	X			These provider administered medications are used 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"> <li>For UHC commercial plan, preferred products: Inflectra® and Avsola™; Remicade and Renflexis® will be non-preferred.</li> <li>For UHC Community Plan, preferred products: Inflectra® and Avsola™; Renflexis® will be non-preferred and Remicade remains non-preferred.</li> </ul>
<b>Xiaflex®</b>	Apr. 1, 2021	X				Treatment of adult male patients with Dupuytren's contracture or Peyronie's disease.	<ul style="list-style-type: none"> <li>Adding notification/prior authorization requirement.</li> <li>Adding Admin Guide/Sourcing 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.

### Apr. 1, 2021 New Requirements previously communicated for the Botulinum Class - Cancelled

Provider letters were distributed beginning, Dec. 18<sup>th</sup> 2020, announcing new requirements for the Botulinum class (Botox®, Dysport®, Myobloc®, and Xeomin®). The provider letters announced a new prior authorization and a step therapy requirement for migraine and non-migraine diagnoses. A decision was made to not implement these new requirements.

We will provide further information regarding any new requirements for the Botulinum class in future bulletins.

### Updates to Drug Program Requirements and Policies – Rhode Island Commercial Plans Only Apr. 1, 2021

In accordance with the Rhode Island regulation 230-RICR-20-30-14, the following new drug program requirements will be effective for providers practicing in Rhode Island:

Drug Name	Summary of Changes	Impacted Specialties
<b>Adakveo® (crizanlizumab-tmca)</b>	<ul style="list-style-type: none"> <li>Require notification/ prior authorization.</li> <li>Site of Care Review will be conducted.</li> </ul>	Hematologists Hepatologists Oncologists
<b>Asthma (Cinqair®, Fasenra®, and Nucala)</b>	<ul style="list-style-type: none"> <li>Add clinical criteria for Cinqair to include a step therapy requirement through preferred products - Fasenra or Nucala.</li> <li>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.</li> <li>Site of Care Review will be conducted.</li> </ul>	Pulmonologists Rheumatologist Allergist/Immunologists
<b>Givlaari™ (givosiran)</b>	<ul style="list-style-type: none"> <li>Require notification/ prior authorization.</li> <li>Site of Care Review will be conducted.</li> </ul>	Neurologists Hematologists Hepatologists Gastroenterologists
<b>Hereditary Angioedema (HAE) Drug Class (Berinert®, Cinryze®, Kalbitor®, Ruconest®)</b>	<ul style="list-style-type: none"> <li>Require notification/prior authorization.</li> <li>Add clinical criteria to include a step therapy requirement through Ruconest, prior to the use of Berinert.</li> <li>Self-administration drugs will be redirected to the Pharmacy benefit.</li> </ul>	Allergists/Immunologists
<b>Inflammatory Expansion and Infliximab biosimilars (Actemra®, Avsola™, Benlysta®, Entyvio®, Cimzia®, Inflectra®, Orencia®, Remicade®, Simponi® / Simponi Aria®, Stelara®)</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Adding prior authorization and Site of Care review to Avsola™.</li> <li>Infliximab Preferred products will be: Inflectra® and Avsola.</li> <li>Infliximab Non-preferred products will be: Remicade® and Renflexis®.</li> </ul>	Gastroenterologists Rheumatologists Ophthalmologists Dermatologists
<b>Intravenous Iron Replacement Therapy (Feraheme®, Monoferric™ &amp; Injectafer®)</b>	<ul style="list-style-type: none"> <li>Require notification/prior authorization.</li> <li>Monoferric will be a non-preferred product along with Feraheme and Injectafer. Venofer, Ferrlecit, and Infed will be the preferred IV iron products.</li> </ul>	Nephrologists Hematologists
<b>Reblozyl® (Luspatercept-aamt)</b>	<ul style="list-style-type: none"> <li>Require notification/ prior authorization.</li> <li>Site of Care Review will be conducted.</li> </ul>	Hematologists Hepatologists Oncologists

<b>Rituximab®</b>	<ul style="list-style-type: none"> <li>• Add clinical criteria to include a step therapy requirement through both Ruxience and Truxima, prior to the use of Rituxan or Rituxan Hycela.</li> <li>• Members need to step through both preferred products, Ruxience and Truxima, in order to be eligible for coverage of a non-preferred.</li> <li>• These updates apply to oncology and non-oncology use.</li> </ul>	Oncologists Rheumatologists Immunologists Neurologists Ophthalmologists
<b>Scenesse®</b>	<ul style="list-style-type: none"> <li>• Add notification/ prior authorization requirement.</li> </ul>	Dermatologists
<b>Spravato®</b>	<ul style="list-style-type: none"> <li>• Require notification/prior authorization.</li> <li>• Coverage also available under the Pharmacy Benefit.</li> </ul>	Psychiatrists
<b>Tepezza™</b>	<ul style="list-style-type: none"> <li>• Require notification/prior authorization.</li> <li>• Site of Care Review will be conducted.</li> </ul>	Ophthalmologists Endocrinologists
<b>Uplizna™</b>	<ul style="list-style-type: none"> <li>• Add notification/ prior authorization requirement.</li> <li>• Site of Care review will be conducted.</li> </ul>	Neurologists Ophthalmologists
<b>Viltepsa™</b>	<ul style="list-style-type: none"> <li>• Add notification/ prior authorization requirement.</li> <li>• Site of Care review will be conducted.</li> </ul>	Neurologists
<b>Vyepti™</b>	<ul style="list-style-type: none"> <li>• Require notification/prior authorization.</li> <li>• Site of Care Review will be conducted.</li> </ul>	Neurologists
<b>Vyondys 53™ (golodirsen)</b>	<ul style="list-style-type: none"> <li>• Require notification/ prior authorization.</li> <li>• Site of Care Review will be conducted.</li> </ul>	Neurologists
<b>Ziextenzo® (pegfilgrastim-bmez) and Nyvepria™ (pegfilgrastim-apfg)</b>	<ul style="list-style-type: none"> <li>• Require prior authorization for both Ziextenzo and Nyvepria.</li> <li>• Nyvepria will be a non-preferred product. The preferred pegfilgrastim products are Neulasta and Ziextenzo.</li> </ul>	Oncologists Hematologists

## New and Updated Procedure Codes for Injectable Medications – Effective Jan. 1<sup>st</sup>, 2021

Effective Jan. 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 (C9072)
- Nyvepria (Q5122)
- Scenesse (J7352)
- Sevenfact (J7212)
- Spravato (S0013)
- Tecartus (C9073)
- Uplizna (J1823)
- Viltepsa (C9071)