

July 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>Ryplazim® (plasminogen, human-tvmh)</b>	X	X	X	X	Used to treat plasminogen deficiency type 1 (hypoplasminogenemia)

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>Cabenuva™ (cabotegravir/ rilpivirine)</b>	10/01/21	X	X		X	Used to treat 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.	<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>Evkeeza™ (evina cumab-dgnb)</b>	10/01/21	X	X	X	X	Used as an add-on treatment for patients aged 12 years and older with homozygous familial hypercholesterolemia (HoFH), a genetic condition that causes severely high cholesterol.	<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>Fensolvi (leuprolide acetate)</b>	10/01/21		X		X		<ul style="list-style-type: none"> <li>Add notification/prior authorization requirement</li> </ul>
<b>Nulibry™ (fosdenopterin)</b>	10/01/21	X			X	Reduce the risk of mortality in patients with molybdenum cofactor deficiency (MoCD) Type A.	<ul style="list-style-type: none"> <li>Add notification/prior authorization requirement</li> <li>For UHC Commercial, add Site of Care requirement</li> </ul>

**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>Prolia® (denosumab)</b>	10/01/21	X				Used for the treatment of osteoporosis	<ul style="list-style-type: none"> <li>• Add notification/ prior authorization and Site of Care requirement</li> <li>• Prolia will be non-preferred</li> <li>• Preferred products: aledronate (generic Fosamax)*, ibandronate (generic Boniva)*, zoledronic acid injection (members already established on Prolia will not be required to try one of the preferred product options)</li> </ul> <p>*Coverage through pharmacy if administered orally</p>

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 July 1<sup>st</sup>, 2021**

Effective July 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:

- Amondys-45 (casimersen) (C9075)
- Breyanzi (lisocabtagene maraleucel) (C9076)
- Cabenuva (cabotegravir and rilpivirine) (C9077)



- Evkeeza (evinacumab-dgnb) (C9079)
- Fensolvi (leuprolide acetate) (J1951)
- Oxlumo (lumasiran) (J0224)
- Riabni (rituximab-arrx) (Q5123)