

September 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
Nexviazyme®	X	X		X	Indicated for the treatment of patients 1 year of age and older with late-onset Pompe disease.
Saphnelo™	X	X	X	X	Indicated for the treatment of adult patients with moderate to severe systemic lupus erythematosus, who are receiving standard therapy.

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 OUR DRUG PRIOR AUTHORIZATION PROGRAMS**

<b>Drug Name</b>	<b>UnitedHealthcare Commercial Effective Date</b>	<b>Update to program</b>	<b>Ongoing management</b>
Eliqard® (J9217)	10/1/2021	<b>Remove</b> Prior Authorization/Notification requirements for non-oncology indications.	Coverage will continue to follow the criteria within the medical benefit drug policy posted on UHCProvider.com through claim review
Fensolvi® (J1951)			
Firmaqon® (J9155)			
Lupron Depot® (J1950)			
Supprelin® (J9226)			
Trelstar® (J3315)			
Triptodur® (J3316)			
Vantas® (J9225)			
Zoladex® (J9202)			
Spravato® (S0013)		<b>Remove</b> Prior Authorization/Notification requirements.	
Sublocade® (Q9991/Q9992)			
Probuphine® (J0570)			

In an effort to streamline access to care and reduce administrative burden, UnitedHealthcare Commercial plans are modifying the Prior Authorization/Notification requirements as noted for the drugs listed above effective 10/1/2021. These changes affect UnitedHealthcare Commercial plan members, including members of affiliate plans, such as UnitedHealthcare of the Mid-Atlantic, Neighborhood Health Partnership and UnitedHealthcare of the River Valley.