

May 2022

medical benefit specialty drug update **bulletin**

Specialty Drug Program Updates for UnitedHealthcare Commercial, Community Plan, Medicare Advantage, and Individual & Family Plans

Review the following table to determine changes to our specialty medical injectable drug programs.

UPDATES TO DRUG PROGRAM REQUIREMENTS AND DRUG POLICIES

Drug Name	Effective Date	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	UnitedHealthcare Individual & Family	Treatment Uses	Summary of Changes
Aduhelm® (aducanumab-avwa)	06/01/2022	X	Community Plan follows state guidance	X	X	Used to treat Alzheimer's Disease	Review at Launch Program where applicable Reference applicable line of business policy or coverage summary for further details Prior Authorization required 06/01/2022
Evkeeza™ (evinacumab-dgnb)	05/01/2022		X Michigan			Used to treat homozygous familial hypercholesterolemia (HoFH)	Prior Authorization required 08/01/2022
Gamifant® (emapalumab-lzsg)	05/01/2022		X Michigan			Used to treat primary hemophagocytic lymphohistiocytosis (HLH)	Prior Authorization required 08/01/2022
Monoferric® (ferric derisomaltose)	05/01/2022		X Michigan			Used to treat iron deficiency anemia	Prior Authorization required 08/01/2022
Onpattro® (patisiran)	05/01/2022		X Michigan			Used to treat hereditary transthyretin	Prior Authorization required 08/01/2022

						amyloidosis-associated polyneuropathy	
Oxlumo™ (lumasiran)	05/01/2022		X Michigan			Used to treat primary hyperoxaluria type 1 (PH1)	Prior Authorization required 08/01/2022
Saphnelo™ (anifrolumab-fnia)	05/01/2022		X Maryland			Used to treat moderate to severe systemic lupus erythematosus	Prior Authorization required 08/01/2022
Scenesse® (afamelanotide)	05/01/2022		X Michigan			Used to increase pain free light exposure in patients with a history of phototoxic reactions due to erythropoietic protoporphyria (EPP)	Prior Authorization required 08/01/2022
Uplizna® (inebilizumab-cdon)	05/01/2022		X Michigan			Used to treat adults with neuromyelitis optica spectrum disorder (NMOSD) who are anti-aquaporin-4 (AQP4) antibody positive	Prior Authorization required 08/01/2022
Vyepti® (eptinezumab-jjmr)	05/01/2022		X Michigan			Used for the preventive treatment of chronic and episodic migraines	Prior Authorization required 08/01/2022

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. You 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.