



Medical benefit specialty drug update bulletin – November 2023

Specialty drug program updates for UnitedHealthcare Commercial, Community Plan, Medicare Advantage and Individual & Family Plans

Specialty medical injectable drugs added to Review at Launch					
Drug Name	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	UnitedHealthcare Individual & Family	Treatment Uses
Cosentyx® - IV formulation (secukinumab)	X	X		X	Used for the treatment of adults with active psoriatic arthritis, active ankylosing spondylitis, and active non-radiographic axial spondyloarthritis with objective signs of inflammation.
Daxxify® (daxibotulinumtoxinA-lanm)			X		Used for the treatment of cervical dystonia in adult patients.
Pombiliti™ (cipaglucosidase alfa-atga)	X	X		X	Used in combination with Opfolda for the treatment of adult patients with late-onset Pompe disease weighing ≥ 40 kg and who are not improving on their current enzyme replacement therapy.



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



For **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, visit 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 Individual & Family Plan** Review at Launch Medication List, visit UHCprovider.com > Policies and Protocols > For Exchange Plans > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Individual Exchange Plans > *Review at Launch for New to Market Medications* > [Review at Launch Medication List](#).

Specialty medical injectable drugs added to Medication Sourcing for Outpatient Hospital Providers Only – UnitedHealthcare Commercial

Drug Name	Effective Date	Therapeutic Class	HCPCS Code	Specialty Pharmacy
Leqembi™ (lecanemab-irmb)	12/1/2023	Central Nervous System Agent	J0174	Soleo Health



Outpatient facilities are required to obtain the medications listed in the [specialty pharmacy requirements drug list for UnitedHealthcare commercial plans](#) from the indicated specialty pharmacies for distribution of these medications, unless otherwise authorized by us. When the specialty medication is obtained through the specialty pharmacy, the specialty pharmacy will bill us directly for these medications under the member’s medical benefit. The facility administering the specialty drug is not to bill us for the medication obtained through the specialty pharmacy but may bill us for the administration of the medication to the member.

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
Acthar® Gel (repository corticotropin injection)	2/1/24		Maryland Only			Indicated for the treatment of infantile spasms in infants and children under 2 years of age, and the treatment of exacerbations of multiple sclerosis in adults.	Add Prior Authorization/Notification
Briumvi™ (ublituximab-xiyy)	2/1/24		Maryland Only			Used for the treatment of adults with relapsing forms of multiple sclerosis.	Add Prior Authorization/Notification



Hemgenix® (etranacogene dezaparvovec-drlb)	12/1/23		Texas Only	Gene therapy used for the treatment of Hemophilia B in adults.	Add Prior Authorization/Notification
Krystexxa® (pegloticase)	2/1/24	X		Used for the treatment of chronic gout in patients refractory to conventional therapy.	Prior authorization requirement will be expanded to include all outpatient places of service – home, office, and ambulatory infusion suite in addition to outpatient hospital, which already requires prior authorization.
Leqembi™ (lecanemab-irmb)	12/1/23		Texas Only	Used for the treatment of Alzheimer’s disease in those with mild cognitive impairment or mild dementia state of the disease and confirmed presence of amyloid beta pathology.	Add Prior Authorization/Notification
Syfovre® (pegcetacoplan injection)	2/1/24		Maryland Only	Used for the treatment of geographic atrophy secondary to age-related macular degeneration.	Add Prior Authorization/Notification

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.

