



Medical benefit specialty drug update bulletin – August 2024

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	HCPCs Code(s)	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	UnitedHealthcare Individual & Family	Treatment Uses
Kisunla™ (donanemab-azbt)	J3490/J3590/ C9399	X	X	X	X	Used for the treatment of Alzheimer’s disease in patients with mild cognitive impairment or mild dementia stage of disease



Note: Drugs added to Review at Launch may not yet be available in the marketplace.

To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, visit UHCprovider.com > Resources > Health plans, policies, protocols and guides > For Commercial Plans > Medical & Drug Policies for UnitedHealthcare Commercial Plans > *Review at Launch for New to Market Medications – Commercial Medical Benefit Drug Policy* > **Review at Launch Medication List**.

To view the **UnitedHealthcare Community Plan** Review at Launch Drug List Plan, visit UHCprovider.com > Resources > Health plans, policies, protocols and guides > For Community Plans > Medical & Drug Policies for Community Plan > *Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy* > **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 > Resources > Health plans, policies, protocols and guides > For Medicare Advantage Plans > Medical Policies for Medicare Advantage Plans > *Medications/Drugs (Outpatient/Part B) – Medicare Advantage Coverage Summary* > Supporting Information > **Other Examples of Specific Drugs/Medications**.

To view the **UnitedHealthcare Individual & Family Plan** Review at Launch Medication List, visit UHCprovider.com > Resources > Health plans, policies, protocols and guides > For Individual Exchange Plans > Medical & Drug Policies for UnitedHealthcare Individual Exchange Plans > *Review at Launch for New to Market Medications – Individual Exchange Medical Benefit Drug Policy* > **Review at Launch Medication List**.



Specialty medical injectable drugs added to Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs – UnitedHealthcare Commercial

Excluded Drug	Effective Date	Therapeutic Class	HCPCS Code	Other Options
Eylea® HD* (aflibercept)	10/1/2024	Ophthalmologic VEGF inhibitors	J0177	Avastin®, Cimerli® (Lucentis biosimilar), Eylea®, Lucentis®, and Vabysmo®

**This is a reminder; Eylea HD strategy was initially included in the June Network News*

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
Amvuttra® (vutrisiran)	11/1/24		X Wisconsin Only			Used for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults	<ul style="list-style-type: none"> Add prior authorization/notification
Eylea HD* (aflibercept)	10/1/24	X				Used for the treatment of neovascular age-related macular degeneration, diabetic macular edema, and diabetic retinopathy	<ul style="list-style-type: none"> Add prior authorization/notification in states where coverage is not excluded Add as a non-preferred product; members must step through therapeutic equivalents prior to coverage for Eylea HD
Kisunla (donanemab-azbt)	11/1/24			X		Used for the treatment of Alzheimer's disease in patients with mild cognitive impairment or mild dementia stage of disease	<ul style="list-style-type: none"> Add prior authorization/notification

**This is a reminder; Eylea HD strategy was initially included in the June Network News*

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.

