Medical benefit specialty drug update bulletin – December 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
Adzynma (ADAMTS$_{13}$, recombinant-krhn)	X	X		X	Enzyme replacement therapy used for the prophylactic and on-demand treatment of adult and pediatric patients with congenital thrombotic thrombocytopenic purpura.
Cosentyx® - IV formulation (secukinumab)			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.
Omvoh™ - IV formulation (mirikizumab-mrkz)	X	X		X	Used for the treatment of moderately to severely active ulcerative colitis in adults.

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**.

United Healthcare

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
Izervay™	1/1/2024	Complement inhibitor – ophthalmologic use	C9162	Amber Specialty Pharmacy

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 /Cortrophin® Gel (corticotropin)	2/1/24		Texas Only X			Used for the treatment of infantile spasm or opsoclonus myoclonus.	Add Prior Authorization/Notification
Qalsody™ (tofersen)	2/1/24		Texas Only X			Used for the treatment of amyotrophic lateral sclerosis in adults who have a mutation in the superoxide dismutase 1 gene.	Add Prior Authorization/Notification
Syfovre® (pegcetacoplan)	2/1/24		Texas Only X			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.

New and Updated Procedure Codes for Injectable Medications – Effective January 1, 2024

Effective January 1, 2024, 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 and may require prior authorization:

- **Daxxify®** (daxibotulinumtoxinA-lanm) – C9160
- **Elevidys** (delandistrogene moxeparvovec-rokl) – J1413
- **Elfabrio®** (pegunigalsidase alfa-iwxj) – J2508
- **Eylea® HD** (aflibercept) – C9161
- **Izervay** (avacincaptad pegol) – C9162
- **Lamzede®** (velmanase alfa-tycv) – J0217
- **Qalsody®** (tofersen) – J1304
- **Roctavian™** (valoctocogene – roxaparvovec-rvox) – J1412
- **Rystiggo®** (rozanolixizumab-noli) – J9333
- **Vyjuvek™** (beremagene geperpavec-svdt) – J3401
- **Vyvgart® Hytrulo** (efgartigimod alfa and hyaluronidase-qvfc) – J9334