



Medical benefit specialty drug update bulletin – October 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
Jubbonti [®] (denosumab-bbdz)	Q5136	X	X		X
Ocrevus Zunovo [™] (ocrelizumab and hyaluronidase-ocsq)	J3490/J3590/C9399	X	X		X
Wyost [®] (denosumab-bbdz)	Q5136	X	X		X

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	HCPCs Code(s)	Other Options
Alyglo™ (immune globulin intravenous, human-stwk)	1/1/25	J1599	Bivigam®, Cutaquig®, Cuvitru®, Flebogamma® DIF, Gammagard® Liquid, Gammagard® S/D, Gammaked™, Gammaplex®, Gamunex® C, Hizentra®, HyQvia®, Octagam®, Privigen® and Xembify®

Note: The previously communicated addition of Eylea® HD to the Excluded Drugs policy has been suspended and the drug will remain in Review at Launch. We will communicate a final coverage decision in a future 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	Summary of Changes
Adzynma (ADAMTS13, recombinant-krhn)	1/1/25		X Michigan only			<ul style="list-style-type: none"> Add prior authorization/ notification
Alyglo (immune globulin intravenous, human-stwk)	1/1/25	X			X	<ul style="list-style-type: none"> Add prior authorization/ notification <p>For commercial, in states where coverage is not excluded:</p> <ul style="list-style-type: none"> Add to site of care



						<ul style="list-style-type: none"> Add as a non-preferred product; must step through all therapeutic equivalents prior to coverage for Alyglo
Breyanzi® (lisocabtagene maraleucel)	1/1/25		X Texas only			<ul style="list-style-type: none"> Add prior authorization/ notification Will be managed by Optum Transplant
Briumvi® (ublituximab-xiiy)	1/1/25	X				<ul style="list-style-type: none"> Add to site of care
Cosentyx® (secukinumab)	1/1/25		X Michigan only			<ul style="list-style-type: none"> Add prior authorization/ notification
Cutaquig® (Immune Globulin Subcutaneous (Human) - hipp)	1/1/25	X				<ul style="list-style-type: none"> Remove from Medical Benefit Therapeutic Equivalent Medications - Excluded drugs and maintain prior authorization and site of care requirements
Kisunla™ (donanemab-azbt)	1/1/25	X	X		X	<ul style="list-style-type: none"> Add prior authorization/ notification
Ocrevus® (ocrelizumab)	1/1/25	X				<ul style="list-style-type: none"> Add to site of care
Ocrevus Zunovo™ (ocrelizumab and hyaluronidase-ocsq)	1/1/25	X			X	<ul style="list-style-type: none"> Add prior authorization/ notification For commercial, add to site of care
OmvoH™ (mirikizumab-mrkz)	1/1/25		X Michigan only			<ul style="list-style-type: none"> Add prior authorization/ notification
Tecelra® (afamitresgene autoleucel)	1/1/25	X	X	X	X	<ul style="list-style-type: none"> Add prior authorization/ notification Will be managed by Optum Transplant
Xolair® (omalizumab)	1/1/25	X				<ul style="list-style-type: none"> Add to site of care



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.

Specialty medical injectable drugs added to Medication Sourcing for Outpatient Hospital Providers Only – UnitedHealthcare Commercial			
Drug Name	Effective Date	HCPCs Code(s)	Specialty Pharmacy
Alyglo (immune globulin intravenous, human-stwk)	1/1/25	J1599	TBD
Kisunla (donanemab-azbt)	1/1/25	J0175	TBD
Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)	1/1/25	J3490/J3590/C9399	TBD



Outpatient hospitals are required to obtain the medications listed in the [Medication Sourcing Protocol - Requirements to use a participating specialty pharmacy for certain medications document](#) 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.

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

Centers for Medicare & Medicaid Services (CMS) has issued new procedure codes for certain injectable medications effective October 1, 2024. Correct coding rules dictate that assigned and permanent codes should be used when available. The injectable medications listed below will have new codes and may require prior authorization.

Note: Drugs with newly assigned CMS codes may not yet be available in the marketplace.

- **Beqvez™** (fidanacogene elaparvovec-dzkt) – C9172
- **Jubbonti/Wyost** (denosumab-bbdz) – Q5136
- **Kisunla** (donanemab-azbt) – J0175 ***Retroactive effective date of 7/2/24***



- **Tyenne**[®] (tocilizumab-aazg) – Q5135

