

January 2023

# medical benefit specialty drug update **bulletin**

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

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

## SPECIALTY MEDICAL INJECTABLE DRUGS ADDED TO REVIEW AT LAUNCH

Drug Name	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	UnitedHealthcare Individual & Family	Treatment Uses
<b>Hemgenix<sup>®</sup></b> (etranacogene dezaparvec)			X		Gene therapy used for the treatment of Hemophilia B in adults
<b>Tzield<sup>™</sup></b> (teplizumab-mzww)			X		Used to delay the clinical onset of Type 1 Diabetes Mellitus (DM) in individuals at high risk for developing the disease



To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, go to [UHCprovider.com](https://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, go to [UHCprovider.com](https://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, go to [UHCprovider.com](https://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, go to [UHCprovider.com](https://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](#)

**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
<b>Hemgenix</b> (entranacogene dezaparvovec)	4/1/23	X	X	X	X	Gene therapy used to treat members with hemophilia B without evidence of inhibitors who require chronic prophylaxis	<ul style="list-style-type: none"> <li>Add Notification/Prior Authorization effective 4/1/23</li> <li>For commercial, add to Complex and Rare Disease Sourcing</li> </ul>
<b>Lanreotide</b>	4/1/23		X			Indicated for acromegaly and gastroenteropancreatic neuroendocrine tumors (GEP-NETs)	<ul style="list-style-type: none"> <li>Add Notification/Prior Authorization for J1932 effective 4/1/23</li> </ul>
<b>Leqvio®</b> (inclisiran)	4/1/23		X MD only			Indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of low-density lipoprotein cholesterol (LDL-C).	<ul style="list-style-type: none"> <li>Add Notification/Prior Authorization effective 4/1/23</li> </ul>
<b>Rolvedon™</b> (eflapegrastim-xnst)	4/1/23	X	X		X	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia	<ul style="list-style-type: none"> <li>Add Notification/Prior Authorization effective 4/1/23</li> <li>For commercial, add Preferred Product: Neulasta® and Ziextenzo®; Rolvedon™ will be non-preferred</li> </ul>

<b>Spevigo</b> <sup>®</sup> (spesolimab-sbzo)	4/1/23	X			X	Treatment of adults with generalized pustular psoriasis (GPP)	<ul style="list-style-type: none"> <li>Add Notification/Prior Authorization effective 4/1/23</li> <li>For commercial, add to Medication Sourcing (MS)</li> </ul>
<b>Stimufend</b> <sup>®</sup> (pegfilgrastim-fpgk)	4/1/23	X	X		X	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia	<ul style="list-style-type: none"> <li>Add Notification/Prior Authorization effective 4/1/23</li> <li>For commercial, add Preferred Product: Neulasta<sup>®</sup> and Ziextenzo<sup>®</sup>; Stimufend<sup>®</sup> will be non-preferred</li> </ul>
<b>Tezpire</b> <sup>®</sup> (tezepelumab-ekko)	4/1/23		X MD only			Add on maintenance treatment of severe asthma in adults and children 12 years and older	<ul style="list-style-type: none"> <li>Add Notification/Prior Authorization effective 4/1/23</li> </ul>
<b>Tzield</b> <sup>™</sup> (teplizumab)	4/1/23	X	X	X	X	Immune therapy to delay onset of type 1 diabetes in high-risk patients	<ul style="list-style-type: none"> <li>Add Notification/Prior Authorization effective 4/1/23</li> <li>For commercial, add to Site of Care (SOC) &amp; Medication Sourcing (MS)</li> </ul>
<b>Xenpozyme</b> <sup>®</sup> (olipudase alfa)	4/1/23	X			X	Treats patients with acid sphingomyelinase deficiency (ASMD), a genetic condition, known as Niemann-Pick disease type A, A/B and B	<ul style="list-style-type: none"> <li>Add Notification/Prior Authorization effective 4/1/23 to Outpatient facility only (Place of Service (POS) 19/22)</li> <li>For commercial, add to Site of Care (SOC) &amp; Medication Sourcing (MS)</li> <li>For Individual and Family plans, add Notification/Prior Authorization effective</li> </ul>



							4/1/23 to all places of service
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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.