



Medical benefit specialty drug update bulletin – August 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
Elevidys (delandistrogene moxeparvovec-rokl)			X		Gene therapy used for the treatment of Duchenne muscular dystrophy in ambulatory pediatric patients age 4 through 5.
Roctavian™ (valoctocogene roxaparvovec-rvox)	X	X	X	X	Gene therapy used to treat adults with severe hemophilia A without pre-existing antibodies to adeno-associated virus serotype 5.
Rystiggo® (rozanolixizumab-noli)	X	X	X	X	Used for the treatment of generalized myasthenia gravis in adult patients who are anti-acetylcholine receptor or anti-muscle-specific tyrosine kinase antibody positive.
Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)			X		Used for the treatment of generalized myasthenia gravis in adult patients who are anti-acetylcholine receptor antibody positive.



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 for Providers > Medicare Advantage Policies > Coverage Summaries for Medicare Advantage Plans > [Medications/Drugs \(Outpatient/Part B\) – Medicare Advantage Coverage Summary](#) > See “Other Examples of Specific Drugs/Medications” within “Supporting Information” section.

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](#).

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)	11/1/23		X Michigan only			Used for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.	Add Prior Authorization/Notification
Briumvi® (ublituximab-xiyy)	11/1/23		X Texas only			Used for the treatment of relapsing forms of multiple sclerosis.	Add Prior Authorization/Notification
Panzyga® (immune globulin intravenous, human)	11/1/23		X Texas only			Used for the treatment of primary humoral immunodeficiency , chronic immune thrombocytopenia, and chronic inflammatory demyelinating polyneuropathy.	Add Prior Authorization/Notification
Skyrizi® (risankizumab)	11/1/23		X Michigan only			Used for the treatment of moderate-to-severe plaque psoriasis, active psoriatic arthritis, and moderately to severely active Crohn's disease in adults.	Add Prior Authorization/Notification



Skysona® (elivaldogene autotemcel)	11/1/23	X Texas only	Gene therapy used to slow the progression of neurologic dysfunction in boys 4-17 years of age with early, active cerebral adrenoleukodystrophy.	Add Prior Authorization/Notification
Sunlenca® (lenacapavir)	11/1/23	X Texas only	Used for the treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen.	Add Prior Authorization/Notification
Syfovre™ (pegcetacoplan)	11/1/23	X Texas only	Used for the treatment of geographic atrophy secondary to age-related macular degeneration.	Add Prior Authorization/Notification
Tzield® (teplizumab-mzwv)	11/1/23	X Texas only	Used to delay the onset of Stage 3 type 1 diabetes in adults and pediatric patients aged 8 years and older with Stage 2 type 1 diabetes.	Add Prior Authorization/Notification
Zynteglo® (betibeglogene autotemcel)	11/1/23	X Texas only	Gene therapy used for the treatment of adult and pediatric patients with beta-thalassemia who require regular red blood cell transfusions.	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.

