



Medical benefit specialty drug update bulletin – January 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
Adzynma (ADAMTS ₁₃ , recombinant-krhn)	J3490/J3590/ C9399			X		Used for on demand or prophylactic enzyme replacement therapy in adult and pediatric patients with congenital thrombotic thrombocytopenia purpura.
OmvoTM - IV formulation (mirikizumab-mrkz)	J3490/J3590/ C9399			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](#).

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 Facility Providers Only – UnitedHealthcare Commercial

Drug Name	Effective Date	Therapeutic Class	HCPCS Code	Specialty Pharmacy
Adzynma	4/1/24	Enzyme replacement therapy	J3490, J3590, C9399	TBD
Omvo [™] - IV formulation	4/1/24	Inflammatory conditions	J3490, J3590, C9399	Amber Specialty Pharmacy
Pombiliti [™]	4/1/24	Enzyme replacement therapy	J3490, J3590, C9399	Orsini Pharmaceutical Services



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
Adzynma (ADAMTS ₁₃ , recombinant-krhn)	4/1/24	X	X	X	X	Used for on demand or prophylactic enzyme replacement therapy in adult and pediatric patients with congenital thrombotic thrombocytopenia purpura.	<ul style="list-style-type: none"> • Add prior authorization/notification • Add Site of Care for Commercial
Casgevy[™] (exagamglogene autotemcel)	4/1/24	X	X	X	X	Gene-editing therapy for patients with severe sickle cell disease.	<ul style="list-style-type: none"> • Add prior authorization/notification • Will be managed by Optum Transplant and be given in-patient



Daxxify® (daxibotulinumtoxin A-lanm)	4/1/24		X		X		Used for the treatment of cervical dystonia in adult patients.	<ul style="list-style-type: none"> Add prior authorization/ notification
Elevidys (delandistrogene moxeparovovec-rokl)	2/1/24		Texas Only X				Gene therapy for the treatment of Duchenne muscular dystrophy in ambulatory pediatric patients ages 4 through 5.	<ul style="list-style-type: none"> Add prior authorization/ notification
Eylea® HD (afibercept)	4/1/24		X		X	X	Used for the treatment of neovascular (wet) age-related macular degeneration, diabetic macular edema, and diabetic retinopathy.	<ul style="list-style-type: none"> Add prior authorization/ notification
Lantidra (donislecel)	4/1/24	X	X		X	X	Allogeneic pancreatic islet cellular therapy used in conjunction with concomitant immunosuppression for the treatment of adults with Type 1 diabetes who are unable to approach target HbA1c because of current repeated episodes of severe hypoglycemia despite intensive diabetes management and education.	<ul style="list-style-type: none"> Add prior authorization/ notification Will be managed by Optum Transplant and be given in-patient
Lyfgenia™ (lovotibeglogene autotemcel)	4/1/24	X	X		X	X	Gene-editing therapy for patients with severe sickle cell disease.	<ul style="list-style-type: none"> Add prior authorization/ notification Will be managed by Optum Transplant and be given in-patient
Nexvazyme® (avalglucosidase alfa-ngpt)	4/1/24		Maryland Only X				Indicated for the treatment of late-onset lysosomal acid alpha-glucosidase deficiency (Pompe disease).	<ul style="list-style-type: none"> Add prior authorization/ notification
Omvo™ - IV formulation (mirikizumab-mrkz)	4/1/24	X	X		X	X	Used for the treatment of moderately to severely active ulcerative colitis in adults.	<ul style="list-style-type: none"> Add prior authorization/ notification Add Site of Care for Commercial
Pombiliti™ (cipaglucosidase alfa)	4/1/24	X	X			X	Used as a long-term enzyme replacement therapy in combination with Opfolda™ (covered under the pharmacy benefit) for the treatment	<ul style="list-style-type: none"> Add prior authorization/ notification Add Site of Care for Commercial



				of adults with late-onset Pompe disease who are not improving on their current enzyme replacement therapy.	<ul style="list-style-type: none"> Add as non-preferred product for Commercial – Nexviazyme® or Lumizyme® are preferred
Roctavian™ (valoctocogene roxaparvovec-rvox)	4/1/24	Texas Only X		Used for the treatment of adults with severe hemophilia A.	<ul style="list-style-type: none"> Add prior authorization/ notification
Susvimo™ (ranibizumab)	4/1/24	Maryland Only X		Used for the treatment of neovascular (wet) age-related macular degeneration.	<ul style="list-style-type: none"> Add prior authorization/ notification
Vyjuvek™ (beremagene geperpavec-svdt)	4/1/24	Texas Only X		Used for the treatment of wounds in patients 6 months of age and older with dystrophic epidermolysis bullosa.	<ul style="list-style-type: none"> Add prior authorization/ notification
Vyvgart® (efgartigimod alfa-fcab)	4/1/24	Maryland Only X		Used for the treatment of generalized myasthenia gravis in adults who test positive for anti-acetylcholine receptor antibody.	<ul style="list-style-type: none"> 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.

