



Medical benefit specialty drug update bulletin – March 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
Rivfloza™ (nedosiran sodium)	J3490/J3590/ C9399	X	X	X	X	Used to lower urinary oxalate levels in children 9 and older and adults with primary hyperoxaluria type 1 and relatively preserved kidney function.



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	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
Elfabrio® (pegunigalsidase alfa-iwxj)	6/1/24		Texas Only X			Used for the treatment of Fabry disease in adults.	• Add prior authorization/notification
Entyvio® (vedolizumab)	6/1/24		Kansas Only X			Used for the treatment of moderately to severely active ulcerative colitis and Crohn’s disease.	• Add prior authorization/notification
Izervay™ (avacincaptad pegol intravitreal solution)	6/1/24		Texas Only X			Used for the treatment of geographic atrophy secondary to age-related macular degeneration.	• Add prior authorization/notification
Lamzede® (velmanase alfa-tycv)	6/1/24		Texas Only X			Used for the treatment of non-central nervous system manifestations of alpha-mannosidosis	• Add prior authorization/notification



					in adult and pediatric patients.	
Omvoh™ - IV formulation (mirikizumab-mrkz)	4/1/24	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 • Add as non-preferred product – must try and fail two of the following prior to coverage for Omvoh IV: Simponi®, Stelara®, Xeljanz®, Rinvoq®
Rystiggo® (rozanolixizumab-noli)	6/1/24		Texas Only 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.	<ul style="list-style-type: none"> • Add prior authorization/notification
Truxima™ (rituximab-abbs)	6/1/24		Arizona Only X		Used for the treatment of several cancer and noncancer-related conditions, including immune thrombocytopenic purpura, pemphigus vulgaris, Wegener’s granulomatosis, rheumatoid arthritis.	<ul style="list-style-type: none"> • Add prior authorization/notification for oncology and non-oncology uses
Veopoz™ (pozelimab-bbfg)	6/1/24		Texas Only X		Used for the treatment of adult and pediatric patients 1 year of age and older with CHAPLE disease.	<ul style="list-style-type: none"> • Add prior authorization/notification
Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)	6/1/24		Texas Only X		Used for the treatment of generalized myasthenia gravis in	<ul style="list-style-type: none"> • Add prior authorization/notification



adult patients who are
anti-acetylcholine
receptor antibody
positive.

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.

