



# Medical benefit specialty drug update bulletin – October 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
<b>Daxxify®</b> (daxibotulinumtoxinA-lanm)		X	X		Used for the treatment of cervical dystonia in adult patients.
<b>Eylea® HD</b> (aflibercept)	X	X	X	X	Used for the treatment of neovascular age-related macular degeneration, diabetic macular edema, and diabetic retinopathy.
<b>Veopoz™</b> (pozelimab-bbfg)	X	X		X	Used for the treatment of adult and pediatric patients 1 year of age and older with CHAPLE disease.

To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, visit [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, visit [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, visit [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, visit [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](#).

### Specialty medical injectable drugs added to Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs – UnitedHealthcare Commercial

Excluded Medication	Effective Date	Therapeutic Class	HCPCS Code(s)	Suggested Alternatives
Elfabrio®	1/1/24	Enzyme Replacement Therapy	J3490, J3590, C9399	Fabrazyme®

### Specialty medical injectable drugs added to Medication Sourcing for All Outpatient Providers – UnitedHealthcare Commercial

Drug Name	Effective Date	Therapeutic Class	HCPCS Code(s)	Specialty Pharmacy
Elevidys	10/1/23	Gene Therapy	J3490, J3590, C9399	Optum Frontier Therapies
Vyjuvek™	10/1/23	Gene Therapy	J3490, J3590, C9399	Option Care Health
Roctavian™	1/1/24	Gene Therapy	J3490, J3590, C9399	Please contact UHC Provider Services at the number on the back of the member ID card for available options.

### Specialty medical injectable drugs added to Medication Sourcing for Outpatient Hospital Providers Only – UnitedHealthcare Commercial

Drug Name	Effective Date	Therapeutic Class	HCPCS Code(s)	Specialty Pharmacy
Beovu®*	10/1/23	VEGF	Q5124	Accredo Health Group, Optum Pharmacy (Specialty)
Briumvi®	10/1/23	Multiple Sclerosis	J2329	Kroger Specialty Pharmacy, Option Care Health, Optum Pharmacy (Specialty)
Byooviz™*	10/1/23	VEGF	J0179	Kroger Specialty Pharmacy
Syfovre™	10/1/23	Complement Inhibitors – Ophthalmologic use	J2781	Optum Pharmacy (Specialty)
Elfabrio®*	1/1/24	Enzyme Replacement Therapy	J3490, J3590, C9399	Eversana
Izervay™	1/1/24	Complement Inhibitors – Ophthalmologic use	J3490, J3590, C9399	To be determined
Rystiggo®	1/1/24	Central Nervous System agents	J3490, J3590, C9399	PantheRx



Veopoz™	1/1/24	Blood Modifying agents	J3490, J3590, C9399	Orsini
Vyvgart® Hytrulo	1/1/24	Central Nervous System agents	J3490, J3590, C9399	Option Care



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.

\*Beovu, Byooviz, and Elfabrio will be added to Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs policy for commercial members, and excluded where member benefit allows. If member benefit does not allow for exclusion, Beovu, Byooviz, and Elfabrio will require a Prior Authorization and will be subject to the Medication Sourcing protocol.

### 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>Izervay™</b> (avacincaptag pegol)	1/1/24	X	X	X	X	Used for the treatment of geographic atrophy secondary to age-related macular degeneration.	Add Prior Authorization/ Notification
<b>Roctavian™</b> (valoctocogene roxaparvovec-rvox)	1/1/24	X	X	X	X	Used for the treatment of adults with severe hemophilia A.	Add Prior Authorization/ Notification
<b>Rystiggo®</b> (rozanolixizumab-noli)	1/1/24	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.	Add Prior Authorization/ Notification
<b>Veopoz™</b> (pozelimab-bbfg)	1/1/24	X	X		X	Used for the treatment of adult and pediatric patients 1 year of age and older with CHAPLE disease.	Add Prior Authorization/ Notification
<b>Vyvgart® Hytrulo</b> (efgartigimod alfa and hyaluronidase-qvfc)	1/1/24	X	X	X	X	Used for the treatment of generalized myasthenia gravis in adult patients who are anti-acetylcholine receptor antibody positive.	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.

## New and Updated Procedure Codes for Injectable Medications – Effective October 1, 2023

Effective October 1, 2023, new procedure codes were created for certain drugs due to updates from the Centers for Medicare & Medicaid Services (CMS). Correct coding rules dictate that assigned and permanent codes should be used when available. The following injectable medications will have new codes and may require Prior Authorization:

- **Acthar® Gel** (corticotropin) – J0801
- **Altuviiiio™** [antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl] - J7214
- **Purified Cortrophin® Gel** (corticotropin) – J0802
- **Qalsody™** (tofersen) – C9157
- **Syfovre®** (pegcetacoplan) – J2781

