



# Medical benefit specialty drug update bulletin – September 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
Izervay™ (avacincaptad pegol)	X	X		X	Used for the treatment of geographic atrophy secondary to age-related macular degeneration.

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 Medication Sourcing for Outpatient Hospitals

Drug Name	Effective Date	Therapeutic Class	HCPC Code	Specialty Pharmacy
Leqembi™ (lecanemab-irmb)	12/1/23	Central Nervous System Agents	J0174	To be determined



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
<b>Breyanzi</b> ® (lisocabtagene maraleucel)	12/1/23		X Maryland Only			Used for the treatment of adult patients with large B-cell lymphoma (LBCL).	Add Prior Authorization/Notification
<b>Carvykti</b> ™ (ciltacabtagene autoleucel)	12/1/23		X Maryland Only			Used for the treatment of adult patients with relapsed or refractory multiple myeloma after four or more prior lines of therapy.	Add Prior Authorization/Notification
<b>Cimerli</b> ™ (ranibizumab-eqrn)	12/1/23		X Maryland Only			Used for the treatment of retinal conditions such as neovascular (wet) age-related macular degeneration (AMD), diabetic macular edema, and diabetic retinopathy.	Add Prior Authorization/Notification
<b>Leqembi</b> ™ (lecanemab-irmb)	11/1/23	X			X	Used for the treatment of Alzheimer's disease in patients with mild cognitive impairment or mild dementia stage of disease.	Add Prior Authorization/Notification For Commercial - Add to Medication Sourcing



<b>Panzyga®</b> (immune globulin intravenous, human)	12/1/23	X Maryland Only	Used for the treatment of primary humoral immunodeficiency, chronic immune thrombocytopenia, and chronic inflammatory demyelinating polyneuropathy.	Add Prior Authorization/Notification
<b>Ryplazim®</b> (plasminogen, human-tvmh)	12/1/23	X Maryland Only	Used for the treatment of patients with plasminogen deficiency type 1 (hypoplasminogenemia).	Add Prior Authorization/Notification
<b>Tzield®</b> (teplizumab-mzvv)	12/1/23	X Maryland 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

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.

