

August 3, 2021

Re: Beaumont Health Employee Health Plan Prior Authorization Requirement for Specialty Injectables

Dear BCP Provider:

Beginning September 1, 2021, the Beaumont Health Employee Health Plan will require Prior Authorization (PA) for a list of specialty injectable drugs that are covered under the medical benefit. This process will support appropriate, evidence based utilization.

The Specialty Injectable list will be updated at least annually, but reviewed quarterly by a team of Pharmacists, Doctors and Nurses at UMR where guidelines will be updated and medications may be added or removed from the list. Any substantial updates will be communicated to BCP providers accordingly.

Medication review will include:

- Review at Launch (RAL) for new to market medications - This medical benefit drug policy applies to certain newly launched medical benefit medications that are healthcare provider administered, have not yet undergone review by UnitedHealthcare, and a utilization management strategy or guidelines have not yet been developed. A medication subject to review at launch will be excluded from coverage until the date the medication is reviewed by UnitedHealthcare and a utilization management strategy (including prior authorization guidelines) has been reviewed against available clinical evidence.
- Dosing - Dosing evaluation during pre-service and post-service requests for adherence to FDA guidelines and avoiding fraud, waste, and abuse.
- Medication Adherence - Confirms the recommended treatment schedule is followed promoting patient safety, improved treatment outcomes and decreasing overall total cost of care.
- Step Therapy - Step therapy is a consideration of the previous lower cost treatment before use of more expensive medication for new-to-therapy patients, ensuring there are no alternative options prior to approval. This allows for the most conservative treatment first.

Categories of drugs included in this review process are:

- Immune Globulin
- Immunomodulators
- Hemophilia
- Multiple sclerosis
- Blood modifiers
- Gene therapy
- Oncology support
- Specialty asthma
- Opioid addiction
- Other medications as appropriate

Authorization criteria/clinical policy can be found at: <https://www.uhcprovider.com/>

For your convenience, a link to the current clinical policy for each drug on the Specialty Injectable list is included in the table below.

J Code	Generic Name or Drug Category	Brand Name	Step Therapy	Link to Clinical Policy
J0129	Abatacept	Orencia/Orencia ClickJect	Y	Abatacept (Orencia) Medical Benefit Drug Policy
J0135	Adalimumab	Humira	Y	Adalimumab (Humira) Medical Benefit Policy
J0180	Agalsidase beta	Fabrazyme	Y	Enzyme Replacement Therapy Policy
J0202	Alemtuzumab	Lemtrada	Y	Alemtuzumab Medical Benefit Policy
J0221	Alglucosidase alfa	Lumizyme	Y	Enzyme Replacement Therapy Policy
J0256	Alpha-1 proteinase inhibitor	Aralast NP/Prolastin C/Zemaira	Y	Alpha-1 Proteinase Inhibitor Policy
J0257	Alpha-1 proteinase inhibitor	Glassia	Y	Alpha-1 Proteinase Inhibitor Policy
J7186	Antihemophilic factor viii/von willebrand	Alphanate	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7197	Anthrombin	Thrombate	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7198	Anti-inhibitor Coagulant Complex	Feiba	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
Q2041	Axicabtagene ciloleucel	Yescarta	Y	Transplant Review Guidelines
J0490	Belimumab	Benlysta	Y	Belimumab (Benlysta) Clinical Policy
J0517	Benralizumab	Fasenra	Y	Benralizumab (Fasenra) Clinical Policy
Q9991	Buprenorphine extended release	Sublocade	Y	Buprenorphine (Sublocade) Clinical Policy
Q9992	Buprenorphine extended release	Sublocade	Y	Buprenorphine (Sublocade) Clinical Policy

J0584	Burosumab-twza	Crysvita	Y	Burosumab-twza (Crysvita) Clinical Policy
J0638	Canakinumab	Ilaris	Y	Canakinumab (Ilaris) Clinical Policy
J7203	Coagulation Factor	Rebinyng	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J0567	Cerliponase alfa	Brineura	Y	Cerliponase Alfa (Brineura) Clinical Policy
J0717	Certolizumba pegol	Cimzia	Y	Immune Globulin Clinical Policy
J7202	Coagulation Factor IX (Recombinant), Albumin Fusion Protein (rIX-FP)	Idelvion	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7193	Cogulation Factor IX (Human)	Alphanine SD	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7194	Cogulation Factor IX (Human)	Profilnine	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7195	Cogulation Factor IX (Recombinant)	BeneFIX	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7201	Cogulation Factor IX (Recombinant),Fc Fusion Protein	Alprolix	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J9155	Degarelix	Firmagon	Y	Gonadotropin Hormone Releasing Analogs Policy
J0897	Denosumab	Prolia/Xgeva	Y	Denosumab Medical Policy
J1300	Eculizumab	Soliris	Y	Complement Inhibitors Clinical Policy
J1301	Edaravone	Radicava	Y	Edaravone (Radicava) Clinical Policy
J3590	Elapegedemase-lvlr	Revcovi	Y	Enzyme Replacement Therapy Policy
J1322	Elosulfase alfa	Vimizim	Y	Enzyme Replacement Therapy Policy
J9210	Emapalumab	Gamifant	Y	Emapalumab-LZSG (Gamifant) Clinical Policy
J7170	Emicizumab-kxwh	Hemlibra	Y	Emicizumab-kxwh (Hemlibra) Clinical Policy

J0885	Epoetin alfa	Procrit, Epogen	Y	Erythropoiesis Stimulating Agents Policy
J0885	Epoetin alfa	Procrit, Epogen	Y	Erythropoiesis Stimulating Agents Policy
J1438	Etanercept	Enbrel	Y	Etanercept (Enbrel) Clinical Policy
J0606	Etelcalcetide	Parsibiv	Y	Etelcalcetide (Parsabiv) Clinical Policy
J1428	Eteplirsen	Exondys 51	Y	Eteplirsen (Exondys 51) Clinical Policy
J7200	Factor ix, (antihemophilic factor)	Rixubis	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7191	Factor viii (antihemophilic factor, porcine)	Hyate C	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7192	Factor viii (antihemophilic factor, recombinant)	Advate	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7205	Factor viii fc fusion protein (recombinant)	Eloctate	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7207	Factor viii, (antihemophilic factor)	Adynovate	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7210	Factor viii, (antihemophilic factor)	Afstyla	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7182	Factor viii, (antihemophilic factor)	Novoeight	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7209	Factor viii, (antihemophilic factor)	Nuwiq	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
C9141 J7199	Factor viii, (antihemophilic factor)	Jivi	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7175	Factor X (human)	Coagadex	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7180	Factor xiii (antihemophilic factor, human)	Corifact	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
Q5101	Filgrastim	Zarxio	Y	White Blood Cell Stimulating Factors Policy
J1442	Filgrastim	Neupogen	Y	White Blood Cell Stimulating Factors Policy

J1447	Filgrastim-aafi	Nivestym	Y	White Blood Cell Stimulating Factors Policy
J1458	Galsulfase	Naglazyme	Y	Enzyme Replacement Therapy Policy
J1602	Golimumab	Simponi Aria	Y	Golimumab (Simponi Aria) Clinical Policy
J9202	Goserelin acetate	Zoladex	Y	Gonadotropin Hormone Releasing Analogs Policy
J7190	Hemophilia clotting factor, not otherwise classified	Koate/Koate DVI	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J9225	Histrelin	Vantas	Y	Gonadotropin Hormone Releasing Analogs Policy
J9226	Histrelin Acetate	Supprelin LA	Y	Gonadotropin Hormone Releasing Analogs Policy
J7178	Human fibrinogen concentrate	Fibryga	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7329	Hyaluronan or derivative, trivisc,	TriVisc	Y	Sodium Hyaluronate Clinical Policy
J1743	Idursulfase	Elaprase	Y	Enzyme Replacement Therapy Policy
J1786	Imigulcerase	Cerezyme	Y	Immune Globulin Clinical Policy
J1556	Immune globulin	Bivigam	Y	Immune Globulin Clinical Policy
J1555	Immune globulin	Cuvitru	Y	Immune Globulin Clinical Policy
J1572	Immune globulin	Flebogamma/ Flebogamma Dif	Y	Immune Globulin Clinical Policy
J1557	immune globulin	Gammaplex	Y	Immune Globulin Clinical Policy
J1561	Immune globulin	Gamunex- c/Gammaked	Y	Immune Globulin Clinical Policy
J1559	Immune globulin	Hizentra	Y	Immune Globulin Clinical Policy
J3490	Immune globulin	Cutaquig	Y	Immune Globulin Clinical Policy
J1557	Immune globulin, (gammagard liquid)	Gammagard Liquid	Y	Immune Globulin Clinical Policy
J1568	Immune globulin, (octagam)	Octagam	Y	Immune Globulin Clinical Policy

J1569	Immune globulin, intravenous	Carimune	Y	Immune Globulin Clinical Policy
J1599	Immune Globulin, intravenous	Panzyga	Y	Immune Globulin Clinical Policy
J1566	Immune globulin, intravenous, lyophilized	immune globulin, intravenous, lyophilized (Powdered)	Y	Immune Globulin Clinical Policy
J1575	Immune globulin/hyaluronidase, (hyqvia)	HyQvia	Y	Immune Globulin Clinical Policy
90283	Immune Globulins, Serum or Recombinant Products	Iveegam EN	Y	Immune Globulin Clinical Policy
90284	Immune Globulins, Serum or Recombinant Products	SCIG (used Hizentra/Hizentra 20%)	Y	Immune Globulin Clinical Policy
J7145	Infliximab, excludes biosimilars	Remicade	Y	Infliximab (Avsola, Inflectra, Remicase, Renflexis) Clinical Policy
Q5104	Infliximab-abda (biosimilar)	Renflexis	Y	Infliximab (Avsola, Inflectra, Remicase, Renflexis) Clinical Policy
Q5103	Infliximab-dyyb (biosimilar)	Inflectra	Y	Infliximab (Avsola, Inflectra, Remicase, Renflexis) Clinical Policy
J7185	Injection, factor viii (antihemophilic factor)	Xyntha/Xyntha Solofuse	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J7181	Injection, factor xiii a-subunit, (recombinant)	Tretten	Y	Clotting Factor, Coagulant Blood Products & Hemostatics Policy
J1931	Laronidase	Aldurazyme	Y	Enzyme Replacement Therapy Policy
J9217	Leuprolide acetate 3.754 mg	Eligard/Lupron Depot	Y	Gonadotropin Hormone Releasing Analogs Policy
J1950	Lueprolide Acetate Suspension 7.5 mg	Eligard/Lupron Depot	Y	Gonadotropin Hormone Releasing Analogs Policy
J1950	Leuprolide Acetate Injection	Eligard/Lupron Depot	Y	Gonadotropin Hormone Releasing Analogs Policy
A9699	Lutathera	Lutetium Lu 177 Dotatate	Y	Lutathera (Lutetium Lu 177 Dotatate) Clinical Policy

J2182	Mepolizumab	Nucala	Y	Mepolizumab (Nucala) Clinical Policy
J2326	Nusinersen	Spinraza	Y	Nusinersen (Spinraza) Clinical Policy
J2350	Ocrelizumab	Ocrevus	Y	Ocrelizumab (Ocrevus) Clinical Policy
J2326	Omalizumab	Xolair	Y	Omalizumab (Xolair) Clinical Policy
J0222	Patisiran	Onpattro	Y	Patisiran (Onpattro) Clinical Policy
J2504	Pegademase bovine	Adagen	Y	Enzyme Replacement Therapy Policy
J2505	Pegfilgrastim	Neulasta	Y	White Blood Cell Stimulating Factors Policy
Q5111	Pegfilgrastim-cbqv	Udenyca	Y	White Blood Cell Stimulating Factors Policy
Q5108	Pegfilgrastim-jmdb	Fulphila	Y	White Blood Cell Stimulating Factors Policy
J0570	Probuphine Subdermal Implant 74.2 mg)	Probuphine	Y	Buprenorphine (Probuphine & Sublocade) Clinical Policy
J1303	Ravulizumab-cwvz	Ultomiris	Y	Complement Inhibitors Clinical Policy
J7211	Recombinant Human Factor VIII	Kovaltry	Y	Clotting Factors, Coagulant Blood Products & Other Hemostatics Clinical Policy
J7188	Recombinant Porcine Factor VIII	Obizur	Y	Clotting Factors, Coagulant Blood Products & Other Hemostatics Clinical Policy
J7189	Recombinant Human Factor VIIa	NovoSeven RT	Y	Clotting Factors, Coagulant Blood Products & Other Hemostatics Clinical Policy
J0800	Repository Corticotropin Injection	Acthar (HP Acthar Gel)	Y	Repository Corticotropin Injection Clinical Policy
J2786	Reslizumab	Cinqair	Y	Respiratory Interleukins Clinical Policy
J2820	Sargramostim	Leukine	Y	White Blood Cell Stimulating Factors Policy
J2840	Sebelipase Alfa	Kanuma	Y	Sodium Hyaluronate Clinical Policy
J7331	Sodium hyaluronate	Synojoynt	Y	Sodium Hyaluronate Clinical Policy

J7320	Sodium hyaluronate	GenVisc 850	Y	Sodium Hyaluronate Clinical Policy
J7321	Sodium hyaluronate	Hyalgan	Y	Sodium Hyaluronate Clinical Policy
J7321	Sodium hyaluronate	Supartz	Y	Sodium Hyaluronate Clinical Policy
J7321	Sodium hyaluronate	Visco-3	Y	Sodium Hyaluronate Clinical Policy
J7322	Sodium hyaluronate	Hymovis	Y	Sodium Hyaluronate Clinical Policy
J7324	Sodium hyaluronate	Orthovisc	Y	Sodium Hyaluronate Clinical Policy
J7326	Sodium hyaluronate	Gel-One	Y	Sodium Hyaluronate Clinical Policy
J7327	Sodium hyaluronate	Monovisc	Y	Sodium Hyaluronate Clinical Policy
J7325	Sodium hyaluronate	Synvisc	Y	Sodium Hyaluronate Clinical Policy
J7325	Sodium hyaluronate	Synvisc-One	Y	Sodium Hyaluronate Clinical Policy
J3060	Taliglucerase alfa	Elelyso	Y	Enzyme Replacement for Gaucher Disease
J1746	Tbalizumab-uiyk	Trogarzo	Y	Ibalizumab (Trogarzo) Clinical Policy
J1447	tbo-filgrastim	Granix	Y	White Blood Cell Stimulating Factors Policy
J3245	Tildrakizumab	Ilyuma	Y	Tildrakizumab (Ilumya) Clinical Policy
Q2042	Tisagenlecleucel	Kymriah	Y	Transplant Review Guidelines
J3263	Tocilizumab	Actemra	Y	Tocilizumab (Actemra) Clinical Policy
J3315	Triptorelin pamoate	Trelstar	Y	Gonadotropin Releasing Hormone Analogs
J3316	Triptorelin, extended-release	Triptodur	Y	Gonadotropin Releasing Hormone Analogs
J3380	Vedolizumab	Entyvio	Y	Vedolizumab (Entyvio) Clinical Policy
J3385	Velaglucerase alfa	VPRIV	Y	Enzyme Replacement for Gaucher Disease
J3397	Vestronidase alfa-vjvk	Mepsevii	Y	Enzyme Replacement Therapy Policy
J7179	von Willebrand factor (VWF) Recombinant Human	Vonvendi	Y	Clotting Factors, Coagulant Blood Products & Other Hemostatics Clinical Policy

J7187	von Willebrand factor complex	Humate-P	Y	Clotting Factors, Coagulant Blood Products & Other Hemostatics Clinical Policy
J7183	von Willebrand Factor Complex (human)/Antihemophilic Factor	Wilate	Y	Clotting Factors, Coagulant Blood Products & Other Hemostatics Clinical Policy
J3398	Voretigene neparvovec-rzyl	Luxturna	Y	Voretigene Neparvovec-RZYL (Luxturna) Clinical Policy