

Medication Sourcing Protocol – Requirements to use a participating specialty pharmacy for certain medications

Commercial plan members

Overview

Participating outpatient providers are required to obtain certain drugs from indicated specialty pharmacies unless otherwise authorized by UnitedHealthcare. The list below includes drugs that require sourcing for all outpatient places of service and drugs only requiring sourcing administered in the outpatient hospital setting. When one of these medications is appropriately obtained through the indicated specialty pharmacy, the specialty pharmacy will bill UnitedHealthcare directly for the drug under the member's medical benefit. Outpatient providers may only seek reimbursement for administering the medication. Outpatient providers may not bill the member for the medication.

Effective for dates of service on or after April 1, 2024 – Outpatient Hospital Providers Only

Medication name	Therapeutic class	Code	Specialty pharmacy
Adzynma™	Enzyme replacement therapy	J3490 J3590 C9167	Orsini Pharmaceutical Services
Omvo™ IV	Inflammatory conditions	J3490 J3590 C9168	Amber Specialty Pharmacy
Pombiliti™	Enzyme replacement therapy	J1203	Orsini Pharmaceutical Services

The complete list of drugs that are subject to the requirement to obtain certain drugs from indicated specialty pharmacies unless otherwise authorized by UnitedHealthcare for commercial plans can be found here on the [specialty pharmacy requirements drug list](#). Please note, these lists are subject to change.

Frequently asked questions

What is the requirement to use a participating specialty pharmacy provider for certain medications?

This protocol requires specialty drugs listed on [UHCprovider.com](#) to be sourced through an indicated specialty pharmacy. This specialty pharmacy requirement has been in place for over a decade for commercial plans and is outlined in the UnitedHealthcare Administrative Guide policy titled, "Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications," although drugs have been added to the existing requirement, as identified at the bottom of this document. Information about the requirement and applicable drug list is available at [UHCprovider.com](#) > Resources > Resource Library > Drug Lists and Pharmacy > Specialty Pharmacy – Medical Benefit Management (Provider Administered Drugs) > Medication Sourcing.



Includes drugs that require sourcing for all outpatient places of service. Most of the drugs only require sourcing administered in the outpatient hospital setting of participating hospitals, as outlined beginning on page 2 of the [specialty pharmacy requirements drug list](#).

- Does not apply to chemotherapy drugs to treat cancer
- Applies to drugs supplied under the member's medical benefit
- Does not apply to drugs supplied under the member's pharmacy benefit
- Does not apply when Medicare or another health benefit plan is the primary payer and UnitedHealthcare is the secondary payer
- Does not apply when Medicare or Medicaid is the secondary payer and UnitedHealthcare is the primary payer
- Is subject to applicable state laws and regulations

What plans does this apply to?

This specialty pharmacy requirement applies to commercial plans, including but not limited to:

- UnitedHealthcare
- UnitedHealthcare of the River Valley
- Neighborhood Health Partnership
- All Savers
- UnitedHealthcare of the Mid-Atlantic plans
- UnitedHealthcare Oxford
- UnitedHealthcare Freedom Plan

Currently, the requirement does not apply to:

- UnitedHealthcare West
- Sierra plans
- UnitedHealth One
- UMR
- UnitedHealthcare Value & Balance Exchange benefit plans
- Student Resources

For drugs that require sourcing when administered in outpatient facilities, physician offices, and home and ambulatory infusion, the following states and U.S. territories are excluded from the requirements at this time. All other states and U.S. territories are included.

- Maryland
- Louisiana – The requirements do not apply for some commercial plan members

For drugs that require sourcing when administered in outpatient hospitals only, the following states and U.S. territories are excluded from the requirements at this time. All other states and U.S. territories are included.

- Alaska
- Kentucky
- Maryland
- Rhode Island
- Louisiana – The requirements do not apply for some commercial plan members



What specialty drugs does this requirement apply to?

The list of specialty drugs and specialty pharmacies that are subject to the requirement is provided on the [specialty pharmacy requirements drug list](#).

Do we ever remove drugs from the Medication Sourcing list?

Yes, drugs may be removed from the sourcing requirement list.

Why are there multiple specialty pharmacies for most drugs on the list?

The required specialty pharmacy may vary based on the medication, but in most instances, we include at least one or more nationally accredited specialty pharmacies. This allows our care providers multiple specialty pharmacy options. In addition, all of our participating specialty pharmacies provide fulfillment and distribution services to meet the needs of our members and our care providers.

How will the specialty pharmacy be chosen if there are multiple specialty pharmacies listed for a drug?

The specialty pharmacy is selected by the prescribing physician. Participating specialty pharmacies can supply the drug to the physician and hospital to administer.

Are the specialty pharmacies prepared to support this requirement?

Yes. Specialty pharmacies currently provide these drugs to physicians and hospitals, effectively supporting the member and provider experience.

What is the difference between “white bagging” and “brown bagging” and what is the UnitedHealthcare policy on brown bagging?

“White bagging” means the drug is purchased through a specialty pharmacy and shipped to the provider’s office, hospital or infusion facility for administration. “Brown bagging” means the drug is purchased through a specialty pharmacy and shipped directly to the patient, who takes it to the provider’s office for administration. UnitedHealthcare does not support brown bagging as part of the Medication Sourcing requirement.

How are outpatient providers reimbursed?

When a specialty drug is obtained through one of the indicated specialty pharmacies, the pharmacy will bill UnitedHealthcare directly for the medications under the member’s medical benefit. The specialty pharmacy will advise the member of any medical cost-share responsibility and arrange for the collection of it. When submitting a claim for reimbursement, outpatient providers:

- May only bill for the appropriate code to administer the medication
- May not bill members for the medication
- May not bill UnitedHealthcare for the medication

We anticipate that all providers will be able to source the specialty drug administered in an outpatient setting from an indicated specialty pharmacy. In the event a provider doesn’t obtain the specialty drug through an indicated specialty pharmacy, UnitedHealthcare will deny payment for the medication, because the protocol hasn’t been followed. Providers may not bill members for medication that is denied when the protocol hasn’t been followed.



Where can a health care professional submit or check on the status of a specialty drug request?

You can access the specialty pharmacy transaction tool on the UnitedHealthcare Provider Portal.

Here's how:

- Sign into the portal – Go to UHCprovider.com and select Sign In in the upper-right corner
- Sign in with your One Healthcare ID and password. If you don't have a One Healthcare ID, visit UHCprovider.com/access to get started.
- In the menu, select **Prior Authorizations**
- For specialty drugs, under **specialty pharmacy transactions**, click Submission & Status. Then follow the prompts.
- You may also call **888-397-8129** for help with a prior authorization

Who should I contact with questions?

You should contact your provider advocate with any questions or concerns.

Medications previously added or removed to the sourcing requirement for outpatient hospitals only:

- Effective for dates of service on or after April 1, 2024, 3 specialty drugs were added to the requirement. This was announced in the January 2024 Network News.
- Effective for dates of service on or after January 1, 2024, 1 complex and rare disease drug and 5 specialty drugs were added to the requirement. This was announced in the October 2023 Network News.
- Effective for dates of service on or after December 1, 2023, 1 specialty drug was added to the requirement. This was announced in the September 2023 Network News.
- Effective for dates of service on or after October 1, 2023, 2 complex and rare disease drugs and 6 specialty drugs were added to the requirement. This was announced in the July 2023 Network News.
- Effective for dates of service on or after April 1, 2023, 1 complex and rare disease drug and 3 specialty drugs were added to the requirement. This was announced in the January 2023 Network News.
- Effective for dates of service on or after February 1, 2023, 7 oncology supportive care drugs were removed from the requirement. This was announced in the February 2023 Network News.
- Effective for dates of service on or after Jan. 1, 2023, 1 specialty drug was added to the requirement. This was announced in the October 2022 Network News.
- Effective for dates of service on or after Dec. 1, 2022, 1 specialty drug was added to the requirement. This was announced in the September 2022 Network News.
- Effective for dates of service on or after Oct. 1, 2022, 3 specialty drugs were added to the requirement. This was announced in the July 2022 Network News.
- Effective for dates of service on or after July 1, 2022, 4 specialty drugs were added to the requirement. This was announced in the April 2022 Network News.
- Effective for dates of service on or after July 1, 2022, the sourcing requirement no longer applied to nonhospital providers for Botox®, Dysport®, Myobloc®, Xeomin®, Synagis® and Xiaflex®.



- Effective for dates of service on or after April 1, 2022, 5 oncology supportive care drugs were removed from the requirement. This was announced in the April 2022 Network News.
- Effective for dates of service on or after Jan. 1, 2022, 2 specialty drugs were added to the requirement. This was announced in the October 2021 Network News.
- Effective for dates of service on or after Dec. 1, 2021, 1 specialty drug was added to the requirement. This was announced in the October 2021 Network News.
- Effective for dates of service on or after Oct. 1, 2021, 3 specialty drugs were added to the requirement. This was announced in the July 2021 Network News.
- Effective for dates of service on or after July 1, 2021, 2 specialty drugs were added to the requirement. This was announced in the April 2021 Network News.
- Effective for dates of service on or after June 18, 2021, 12 oncology supportive care drugs were added to the requirement. This was announced in the March 2021 Network News and includes drugs to treat the side effects of cancer therapy and cancer but does not include chemotherapy or drugs to treat cancer.
- Effective for dates of service on or after March 1, 2021, 13 specialty drugs were added to the requirement. This was announced in the December 2020 Network News.
- Effective for dates of service on or after Oct. 1, 2020, 53 drugs were added to the requirement. This was announced in the Jan. 2020 and March 2020 editions of Network News. However, in response to the COVID-19 national public health emergency we delayed the requirement. This delay was announced in the July 2020 Network News.