Review at Launch Medication List

Last Updated: February 1, 2026

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Related Policy

- Review at Launch for New to Market Medications

Instructions for Use

This Review at Launch Medication List provides the names of medications that are subject to the Medical Benefit Drug Policy titled Review at Launch for New to Market Medications and therefore, require review prior to administration.

When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced. The terms of the federal, state or contractual requirements for benefit plan coverage may differ greatly from the standard benefit plan upon which the aforementioned Review at Launch Drug Policy is based. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage supersede said drug policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the contractual requirements for benefit plan coverage prior to use. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Applicable Medications

This medication list includes **new** medications that are:

- U.S. Food and Drug Administration (FDA) approved;
- Healthcare provider administered; **and**
- Reimbursable on a member's medical benefit

Brand Name (Generic Name)	Date the Drug was Added to the Review at Launch Medication List
Imaavy™ (nipocalimab-aahu)	06/01/2025
Ospomyv® (denosumab-dssb)	10/01/2025
Papzimeos® (zopapogene imadenovec-drba)	10/01/2025
Bildyos® (denosumab-nxxp)	11/01/2025
Bosaya™ (denosumab-kyqq)	11/01/2025
Enoby™ (denosumab-qbde)	11/01/2025
Qivigy® (immune globulin intravenous, human-kthm)	12/01/2025
Itvisma® (onasemnogene abeparvovec-brve)	01/01/2026
Osvyrti® (denosumab-desu)	01/01/2026
Boncresa® (denosumab-mobz)	02/01/2026
Exdensur (depemokimab-ulaa)	02/01/2026
Nufymco® (ranibizumab-leyk)	02/01/2026
Yartemlea® (narsoplimab-wuug)	02/01/2026

List History/Revision Information

Date	Summary of Changes
02/01/2026	• Added: ○ Boncresa® (denosumab-mobz) ○ Exdensur (depemokimab-ulaa) ○ Nufymco® (ranibizumab-leyk) ○ Yartemlea® (narsoplimab-wuug)
01/01/2026	• Added: ○ Itvisma® (onasemnogene abeparvovec-brve) ○ Osvyrti® (denosumab-desu) • Removed (prior authorization effective Jan. 1, 2026): ○ Avtozma® (tocilizumab-anoh) ○ Conexxence® (denosumab-bnht) ○ Starjemza™ (ustekinumab-hmny) ○ Stoboclo® (denosumab-bmwo) ○ Yimmugo® (immune globulin intravenous, human-dira)
12/01/2025	• Added Qivigy® (immune globulin intravenous, human-kthm)
11/01/2025	• Added: ○ Bildyos® (denosumab-nxxp) ○ Bosaya™ (denosumab-kyqq) ○ Enoby™ (denosumab-qbde)
10/01/2025	• Added: ○ Avtozma® (tocilizumab-anoh) ○ Ospomyv® (denosumab-dssb) ○ Papzimeos® (zopapogene imadenovec-drba) • Removed (prior authorization effective Oct. 1, 2025): ○ Alhemo® (concizumab-mtci) ○ Azmiro™ (testosterone cypionate) ○ Bkemv™ (eculizumab-aeeb) ○ Encelto™ (revakinagene taroretcel-lwey) ○ Epysqli® (eculizumab-aagh) ○ Imuldosa™ (ustekinumab-srlf) (intravenous) ○ Jubbonti® (denosumab-bbdz) ○ Qfitlia™ (fitusiran)
09/01/2025	• Added Conexxence® (denosumab-bnht)
08/01/2025	• Added Starjemza™ (ustekinumab-hmny)
07/01/2025	• Added: ○ Encelto™ (revakinagene taroretcel-lwey) ○ Stoboclo® (denosumab-bmwo) • Removed: ○ Hympavzi™ (marstacimab-hncq) (prior authorization requirements effective Jul. 1, 2025) ○ Niktimvo™ (axatilimab-csfr) (prior authorization requirements effective Jul. 1, 2025) ○ Wyost® (denosumab-bbdz)
06/01/2025	• Added Imaavy™ (nipocalimab-aahu) • Removed (prior authorization requirements effective Jun. 1, 2025): ○ Otulfi™ (ustekinumab-aauz) (intravenous) ○ Steqeyma® (ustekinumab-stba) (intravenous) ○ Yesintek™ (ustekinumab-kfce) (intravenous)
05/01/2025	• Added: ○ Azmiro™ (testosterone cypionate) ○ Qfitlia™ (fitusiran) • Removed (prior authorization requirements effective May 1, 2025): ○ Pyzchiva® (ustekinumab-ttwe) ○ Selarsdi™ (ustekinumab-aekn) ○ Wezlana™ (ustekinumab-auub)
04/01/2025	• Added:

Date	Summary of Changes
	○ Bkemv™ (eculizumab-aeeb) ○ Epysqli® (eculizumab-aagh) • Removed (prior authorization requirements effective Apr. 1, 2025): ○ Pavblu™ (aflibercept-ayyh) ○ Piasky® (crovalimab-akkz) ○ Ocrevus Zunovo™ (ocrelizumab/hyaluronidase-ocsq)
02/14/2025	• Added: ○ Alhemo® (concizumab-mtci) ○ Imuldosa™ (ustekinumab-srlf) (intravenous) ○ Niktimvo™ (axatilimab-csfr) ○ Otulfi™ (ustekinumab-aauz) (intravenous) ○ Steqeyma® (ustekinumab-stba) (intravenous) ○ Yesintek™ (ustekinumab-kfce) (intravenous)
02/01/2025	• Removed Tremfya® (guselkumab) (intravenous); prior authorization requirements effective Feb. 1, 2025
01/01/2025	• Added: ○ Pyzchiva® (ustekinumab-ttwe) (intravenous) ○ Selarsdi™ (ustekinumab-aekn) (intravenous) • Removed Kisunla™ (donanemab-azbt); prior authorization requirements effective Jan. 1, 2025
12/01/2024	• Added Hympavzi™ (marstacimab-hncq)
11/11/2024	• Added Pavblu™ (aflibercept-ayyh) and Tremfya® (guselkumab) (intravenous)
10/01/2024	• Added: ○ Jubbonti® (denosumab-bbdz) ○ Ocrevus Zunovo™ (ocrelizumab/hyaluronidase-ocsq) ○ Wyost® (denosumab-bbdz) • Removed (prior authorization requirements effective Oct. 1, 2024): ○ Beqvez™ (fidanacogene elaparvovec-dzkt) ○ Tofidence™ (tocilizumab-bavi) ○ Tyenne® (tocilizumab-aazg)
08/09/2024	• Added Piasky® (crovalimab-akkz) and Yimmugo® (immune globulin intravenous, human-dira)
07/08/2024	• Added Kisunla™ (donanemab-azbt)
07/01/2024	• Added Wezlana™ (ustekinumab-auub) • Removed (prior authorization requirements effective Jul. 1, 2024): ○ Cosentyx® (secukinumab) ○ Rivfloza™ (nedosiran)
06/01/2024	• Removed Winrevair™ (sotatercept-csrk)
05/06/2024	• Added Beqvez™ (fidanacogene elaparvovec-dzkt)
04/12/2024	• Added Winrevair™ (sotatercept-csrk)
04/01/2024	• Added: ○ Tofidence™ (tocilizumab-bavi) ○ Tyenne® (tocilizumab-aazg) • Removed (prior authorization requirements effective Apr. 1, 2024): ○ Adzynma (ADAMTS13, recombinant-krhn) ○ Daxxify® (daxibotulinumtoxinA-lanm) ○ Eylea® HD (aflibercept) ○ Omvoh™ (mirikizumab-mrkz) ○ Pombiliti™ (cipaglucosidase alfa)
02/01/2024	• Added Rivfloza™ (nedosiran)
01/01/2024	• Removed (prior authorization requirements effective Jan. 1, 2024): ○ Izervay™ (avacincaptad pegol intravitreal solution) ○ Roctavian™ (valoctocogene roxaparvovec-rvox) ○ Rystiggo® (rozanolixizumab-noli) ○ Veopoz™ (pozelimab-bbfg) ○ Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)
11/22/2023	• Added Adzynma (ADAMTS13, recombinant-krhn)

Date	Summary of Changes
11/10/2023	• Added Omvoh™ (mirikizumab-mrkz)
11/01/2023	• Added Cosentyx® (secukinumab) and Pombiliti™ (cipaglucosidase alfa)
10/01/2023	• Removed: ○ Brixadi™ (buprenorphine) ○ Briumvi™ (ublituximab-xiiy); prior authorization requirements effective Oct. 1, 2023 ○ Elevidys® (delandistrogene moxeparvovec-rokl); prior authorization requirements effective Oct. 1, 2023 ○ Elfabrio® (pegunigalsidase alfa-iwxj); prior authorization requirements effective Oct. 1, 2023 ○ Lamzede® (velmanase alfa-tycv); prior authorization requirements effective Oct. 1, 2023 ○ Qalsody™ (tofersen); prior authorization requirements effective Oct. 1, 2023 ○ Vyjuvek™ (beremagene geperpavec-svdt); prior authorization requirements effective Oct. 1, 2023
09/18/2023	• Added Daxxify® (daxibotulinumtoxinA-lanm)
09/01/2023	• Added Eylea® HD (aflibercept) and Veopoz™ (pozelimab-bbfg)
08/16/2023	• Added Izervay™ (avacincaptad pegol intravitreal solution)
07/10/2023	• Added Roctavian™ (valoctocogene roxaparvovec-rvox) and Rystiggo® (rozanolixizumab-noli)
07/01/2023	• Added: ○ Brixadi™ (buprenorphine) ○ Elevidys® (delandistrogene moxeparvovec-rokl) ○ Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) • Removed: ○ Aduhelm™ (aducanumab-avwa); prior authorization requirements effective Jul. 1, 2023 ○ Leqembi™ (lecanemab-irmb); prior authorization requirements effective Jul. 1, 2023 ○ Rebyota™ (fecal microbiota, live-jslm) ○ Sunlenca® (lenacapavir); prior authorization requirements effective Jul. 1, 2023 ○ Syfovre™ (pegcetacoplan injection); prior authorization requirements effective Jul. 1, 2023
06/01/2023	• Added Vyjuvek™ (beremagene geperpavec-svdt)
05/22/2023	• Added Elfabrio® (pegunigalsidase alfa-iwxj)
05/01/2023	• Added Qalsody™ (tofersen) • Removed Byooviz™ (ranibizumab-nuna), Cimerli™ (ranibizumab-eqrn), and Vabysmo™ (faricimab-svoa); prior authorization requirements effective May 1, 2023
04/01/2023	• Removed Hemgenix® (etranacogene dezaparvovec-drlb) and Tzield™ (teplizumab-mzwv); prior authorization requirements effective Apr. 1, 2023
03/01/2023	• Added Lamzede® (velmanase alfa-tycv) and Syfovre™ (pegcetacoplan injection)
01/12/2023	• Added Briumvi™ (ublituximab-xiiy), Leqembi™ (lecanemab-irmb), Rebyota™ (fecal microbiota, live-jslm), and Sunlenca® (lenacapavir)
01/01/2023	• Removed Amvuttra™ (vutrisiran), Skyrizi® (risankizumab-rzaa), Spevigo® (spesolimab-sbzo), and Xenpozyme® (olipudase alfa); prior authorization requirements effective Jan. 1, 2023
12/01/2022	• Added Hemgenix® (etranacogene dezaparvovec-drlb) and Tzield™ (teplizumab-mzwv)
10/01/2022	• Removed Enjaymo™ (sutimlimab-jome), Korsuva™ (difelikefalin), and Tezspire™ (tezepelumab-ekko); prior authorization requirements effective Oct. 1, 2022
09/08/2022	• Added Spevigo® (spesolimab-sbzo) and Xenpozyme® (olipudase alfa)
08/12/2022	• Added Cimerli™ (ranibizumab-eqrn)