

Review at Launch Medication List

Last Updated: May 6, 2024

Table of Contents	Page
Instructions for Use	1
Applicable Medications	1
List History/Revision Information	1

Related Policy
<ul style="list-style-type: none"> 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
Cosentyx® (secukinumab)	11/01/2023
Rivfloza™ (nedosiran)	02/01/2024
Tyenne® (tocilizumab-aazg)	04/01/2024
Tofidence™ (tocilizumab-bavi)	04/01/2024
Winrevair™ (sotatercept-csrk)	04/12/2024
Beqvez™ (fidanacogene elaparovec-dzkt)	05/06/2024

List History/Revision Information

Date	Summary of Changes
05/06/2024	<ul style="list-style-type: none"> • Added Beqvez™ (fidanacogene elaparovec-dzkt)
04/12/2024	<ul style="list-style-type: none"> • Added Winrevair™ (sotatercept-csrk)

Date	Summary of Changes
04/01/2024	<ul style="list-style-type: none"> ● Added: <ul style="list-style-type: none"> ○ Tofidence™ (tocilizumab-bavi) ○ Tyenne® (tocilizumab-aazg) ● Removed (prior authorization requirements effective Apr. 1, 2024): <ul style="list-style-type: none"> ○ Adzynma (ADAMTS13, recombinant-krhn) ○ Daxxify® (daxibotulinumtoxinA-lanm) ○ Eylea® HD (afibercept) ○ Omvoh™ (mirikizumab-mrkz) ○ Pombiliti™ (cipaglucosidase alfa)
02/01/2024	<ul style="list-style-type: none"> ● Added Rivfloza™ (nedosiran)
01/01/2024	<ul style="list-style-type: none"> ● Removed (prior authorization requirements effective Jan. 1, 2024): <ul style="list-style-type: none"> ○ Izervay™ (avacincaptad pegol intravitreal solution) ○ Roctavian™ (valoctocogene roxaparovec-rvox) ○ Rystiggo® (rozanolixizumab-noli) ○ Veopoz™ (pozelimab-bbfg) ○ Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)
11/22/2023	<ul style="list-style-type: none"> ● Added Adzynma (ADAMTS13, recombinant-krhn)
11/10/2023	<ul style="list-style-type: none"> ● Added Omvoh™ (mirikizumab-mrkz)
11/01/2023	<ul style="list-style-type: none"> ● Added Cosentyx® (secukinumab) and Pombiliti™ (cipaglucosidase alfa)
10/01/2023	<ul style="list-style-type: none"> ● Removed: <ul style="list-style-type: none"> ○ Brixadi™ (buprenorphine) ○ Briumvi™ (ublituximab-xiyy); prior authorization requirements effective Oct. 1, 2023 ○ Elevidys® (delandistrogene moxeparovec-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	<ul style="list-style-type: none"> ● Added Daxxify® (daxibotulinumtoxinA-lanm)
09/01/2023	<ul style="list-style-type: none"> ● Added Eylea® HD (afibercept) and Veopoz™ (pozelimab-bbfg)
08/16/2023	<ul style="list-style-type: none"> ● Added Izervay™ (avacincaptad pegol intravitreal solution)
07/10/2023	<ul style="list-style-type: none"> ● Added Roctavian™ (valoctocogene roxaparovec-rvox) and Rystiggo® (rozanolixizumab-noli)
07/01/2023	<ul style="list-style-type: none"> ● Added: <ul style="list-style-type: none"> ○ Brixadi™ (buprenorphine) ○ Elevidys® (delandistrogene moxeparovec-rokl) ○ Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) ● Removed: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> ● Added Vyjuvek™ (beremagene geperpavec-svdt)
05/22/2023	<ul style="list-style-type: none"> ● Added Elfabrio® (pegunigalsidase alfa-iwxj)
05/01/2023	<ul style="list-style-type: none"> ● Added Qalsody™ (tofersen) ● Removed Byooviz™ (ranibizumab-nuna), Cimerli™ (ranibizumab-eqrn), and Vabysmo™ (faricimab-svoa); prior authorization requirements effective May 1, 2023
04/01/2023	<ul style="list-style-type: none"> ● Removed Hemgenix® (etranacogene dezaparovec-drlb) and Tziel™ (teplizumab-mzvw); prior authorization requirements effective Apr. 1, 2023
03/01/2023	<ul style="list-style-type: none"> ● Added Lamzede® (velmanase alfa-tycv) and Syfovre™ (pegcetacoplan injection)

Date	Summary of Changes
01/12/2023	<ul style="list-style-type: none"> Added Briumvi™ (ublituximab-xiiy), Leqembi™ (lecanemab-irmb), Rebyota™ (fecal microbiota, live-jslm), and Sunlenca® (lenacapavir)
01/01/2023	<ul style="list-style-type: none"> Removed Amvuttra™ (vutrisiran), Skyrizi® (risankizumab-rzaa), Spevigo® (spesolimab-sbzo), and Xenpozyme® (olipudase alfa); prior authorization requirements effective Jan. 1, 2023
12/01/2022	<ul style="list-style-type: none"> Added Hemgenix® (etranacogene dezaparovec-drlb) and TzielD™ (teplizumab-mzwv)
10/01/2022	<ul style="list-style-type: none"> Removed Enjaymo™ (sutimlimab-jome), Korsuva™ (difelikefalin), and Tezspire™ (tezepelumab-ekko); prior authorization requirements effective Oct. 1, 2022
09/08/2022	<ul style="list-style-type: none"> Added Spevigo® (spesolimab-sbzo) and Xenpozyme® (olipudase alfa)
08/12/2022	<ul style="list-style-type: none"> Added Cimerli™ (ranibizumab-eqrn)
07/05/2022	<ul style="list-style-type: none"> Added Skyrizi® (risankizumab-rzaa)
07/01/2022	<ul style="list-style-type: none"> Added Amvuttra™ (vutrisiran) Removed Apretude™ (cabotegravir extended-release injectable suspension), Leqvio® (inclisiran), Purified Cortrophin™ Gel (repository corticotropin), and Vyvgart™ (efgartigimod)
06/01/2022	<ul style="list-style-type: none"> Added Byooviz™ (ranibizumab-nuna)
04/01/2022	<ul style="list-style-type: none"> Added Korsuva™ (difelikefalin) Removed Nexviazyme™ (avalglucosidase alfa-ngpt)
02/14/2022	<ul style="list-style-type: none"> Added Enjaymo™ (sutimlimab-jome) and Vabysmo™ (faricimab-svoa)
01/10/2022	<ul style="list-style-type: none"> Added Leqvio® (inclisiran)