

Review at Launch Medication List

Last Updated: May 6, 2024

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Related Policy
<ul style="list-style-type: none"> Review at Launch for New to Market Medications

Instructions for Use

This Review at Launch (RAL) Medication List provides the listing of medications that are excluded from the medical benefit until the date the medication is reviewed by UnitedHealthcare or are reviewed against available clinical evidence.

The Review at Launch Medication List applies to: UnitedHealthcare Commercial plan members, including All Savers and affiliate plans such as UnitedHealthcare of the Mid-Atlantic, UnitedHealthcare Oxford, Neighborhood Health Partnership and UnitedHealthcare of the River Valley.

This list is supported by the [Review at Launch for New to Market Medications](#) Medical Benefit Drug Policy.

When determining whether Review at Launch applies to the individual member, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Medical Benefit Drug Policy is based. In the event of a conflict, the member specific benefit plan document supersedes the applicable Medical Benefit Drug Policy and List. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Medical Benefit Drug Policy. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Benefit Considerations

This medication list applies to certain newly launched medications that are healthcare provider administered and are currently under review by the UnitedHealthcare Pharmacy and Therapeutics (P&T) Committee. The medications may be excluded from coverage while the medication is listed on this document or will be reviewed against available clinical evidence, which includes applicable Medical Benefit Drug Policies.

RAL Date	HCPCS Codes	Medication
09/01/2023	C9161, J3490, J3590	Eylea® HD (aflibercept)
10/25/2023	C9399, J3490, J3590	Cosentyx® (secukinumab)
02/01/2024	C9399, J3490, J3590	Rivfloza™ (nedosiran)
04/01/2024	C9399, J3490, J3590	Tyenne® (tocilizumab-aazg)
04/01/2024	Q5133	Tofidence™ (tocilizumab-bavi)
04/01/2024	Q5134	Tyruko® (natalizumab-sztn)
04/08/2024	C9399, J3490, J3590	Winrevair™ (sotatercept-csrk)

RAL Date	HCPSC Codes	Medication
04/08/2024	J1599	Alyglo™ (immune globulin intravenous, human-stwk)
05/06/2024	C9399, J3490, J3590	Beqvez™ (fidanacogene elaparvec-dzkt)

List History/Revision Information

Date	Summary of Changes
05/06/2024	<ul style="list-style-type: none"> Added Beqvez™ (fidanacogene elaparvec-dzkt)
04/08/2024	<ul style="list-style-type: none"> Added Winrevair™ (sotatercept-csrk) and Alyglo™ (immune globulin intravenous, human-stwk)
04/01/2024	<ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Tofidence™ (tocilizumab-bavi) Tyenne® (tocilizumab-aazg) Tyruko® (natalizumab-sztn) Removed (prior authorization requirements effective Apr. 1, 2024): <ul style="list-style-type: none"> Adzynma (ADAMTS13, recombinant-krhn) 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 roxaparvec-rvox) Rystiggo® (rozanolixizumab-noli) Veopoz™ (pozelimab-bbfg) Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) Removed Elfabrio® (pegunigalsidase alfa-iwxj); refer to the Medical Benefit Drug Policy titled <i>Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs</i> (effective Jan. 1, 2024) Updated list of applicable HCPSC codes for Eylea® HD (aflibercept) to reflect annual edits; replaced C9399 with C9161
11/17/2023	<ul style="list-style-type: none"> Added Adzynma (ADAMTS13, recombinant-krhn)
11/03/2023	<ul style="list-style-type: none"> Added OmvoH™ (mirikizumab-mrkz)
11/01/2023	<ul style="list-style-type: none"> Removed Leqembi® (lecanemab-irmb); prior authorization requirements effective Nov. 1, 2023
10/25/2023	<ul style="list-style-type: none"> Added Cosentyx® (secukinumab)
10/06/2023	<ul style="list-style-type: none"> Added Pombiliti™ (cipaglucoSIdase alfa)
10/01/2023	<ul style="list-style-type: none"> Removed (prior authorization requirements effective Oct. 1, 2023): <ul style="list-style-type: none"> Altuviiio™ (antihemophilic factor [recombinant], Fc-VWF-XTEN fusion protein-ehtl) Briumvi™ (ublituximab-xiiy) Elevidys® (delandistrogene moxeparvec-rokl) Lamzede® (velmanase alfa-tycv) Qalsody™ (tofersen) Syfovre™ (pegcetacoplan injection) Vyjuvek™ (beremagene geperpavec-svdt) Removed Byooviz™ (ranibizumab-nuna); refer to the Medical Benefit Drug Policy titled <i>Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs</i> (effective Oct. 1, 2023)
09/01/2023	<ul style="list-style-type: none"> Added Eylea® HD (aflibercept) and Veopoz™ (pozelimab-bbfg) Updated list of applicable HCPSC codes for Leqembi™ (lecanemab-irmb); removed C9399, J3490, and J3590
08/16/2023	<ul style="list-style-type: none"> Added Izervay™ (avacincaptad pegol intravitreal solution)
08/01/2023	<ul style="list-style-type: none"> Updated list of applicable HCPSC codes for Leqembi™ (lecanemab-irmb); added J0174
07/10/2023	<ul style="list-style-type: none"> Added Rystiggo® (rozanolixizumab-noli) and Roctavian™ (valoctocogene roxaparvec-rvox)

Date	Summary of Changes
07/01/2023	<ul style="list-style-type: none"> ● Added: <ul style="list-style-type: none"> ○ Elevidys[®] (delandistrogene moxeparovec-rokl) ○ Vyvgart[®] Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) ● Removed: <ul style="list-style-type: none"> ○ Cimerli[™] (ranibizumab-eqrn) ○ Rebyota[™] (fecal microbiota, live - jsIm) ○ Sunlenca[®] (lenacapavir); prior authorization requirements effective Jul. 1, 2023 ○ Vabysmo[™] (faricimab-svoa) ● Updated list of applicable HCPCS codes to reflect quarterly edits for: <ul style="list-style-type: none"> ○ Briumvi[™] (ublituximab-xiiy): Replaced J3490 and J3590 with J2329 ○ Syfovre[™] (pegcetacoplan injection): Replaced C9399 with C9151
06/01/2023	<ul style="list-style-type: none"> ● Added Vyjuvek[™] (beremagene geperpavec-svdt)
05/17/2023	<ul style="list-style-type: none"> ● Added Elfabrio[®] (pegunigalsidase alfa-iwxj)
05/01/2023	<ul style="list-style-type: none"> ● Added Qalsody[™] (tofersen)
04/01/2023	<ul style="list-style-type: none"> ● Removed Hemgenix[®] (etranacogene dezaparovec-drlb), Spevigo[®] (spesolimab-sbzo), Tziel[™] (teplizumab-mzwv), and Xenpozyme[®] (olipudase alfa); prior authorization requirements effective Apr. 1, 2023 ● Updated list of HCPCS codes to reflect quarterly edits for Cimerli[™] (ranibizumab-eqrn); replaced C9399, J3490, and J3590 with Q5128
03/01/2023	<ul style="list-style-type: none"> ● Added Lamzede[®] (velmanase alfa-tycv), Syfovre[™] (pegcetacoplan injection), and Altuviio[™] (antihemophilic factor [recombinant], Fc-VWF-XTEN fusion protein-eh1)
01/12/2023	<ul style="list-style-type: none"> ● Added Briumvi[™] (ublituximab-xiiy), Rebyota[™] (fecal microbiota, live - jsIm), Sunlenca[®] (lenacapavir), and Leqembi[™] (lecanemab-irmb)
01/01/2023	<ul style="list-style-type: none"> ● Removed Amvuttra[™] (vutrisiran), prior authorization requirements effective Jan. 1, 2023
12/01/2022	<ul style="list-style-type: none"> ● Added Hemgenix[®] (etranacogene dezaparovec-drlb)
11/23/2022	<ul style="list-style-type: none"> ● Added Tziel[™] (teplizumab-mzwv)
11/14/2022	<ul style="list-style-type: none"> ● Removed Skyrizi[®] (risankizumab-rzaa); prior authorization requirements effective Nov. 1, 2022
10/01/2022	<ul style="list-style-type: none"> ● Updated list of applicable HCPCS codes for Vabysmo[™] (faricimab-svoa) to reflect quarterly edits; replaced C9097, J3490, and J3590 with J2777 ● 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)
09/06/2022	<ul style="list-style-type: none"> ● Added Xenpozyme[®] (olipudase alfa)
08/08/2022	<ul style="list-style-type: none"> ● Added Cimerli[™] (ranibizumab-eqrn)
07/01/2022	<ul style="list-style-type: none"> ● Added Amvuttra (vutrisiran) and Skyrizi[®] (Risankizumab-rzaa) ● Removed Apretude[™] (cabotegravir), Leqvio[®] (inclisiran), Purified Cortrophin[™] Gel (repository corticotropin), and Vyvgart[™] (efgartigimod); prior authorization requirements effective Jul. 1, 2022 ● Updated list of applicable HCPCS codes to reflect quarterly edits for: <ul style="list-style-type: none"> ○ Enjaymo[™] (sutimlimab-jome): Replaced C9399 with C9094 ○ Vabysmo[™] (faricimab-svoa): Replaced C9399 with C9097 ○ Tezspire[™] (tezepelumab-ekko): Replaced C9399, J3490, and J3590 with J2356
06/01/2022	<ul style="list-style-type: none"> ● Added Byooviz[™] (ranibizumab-nuna) ● Removed Aduhelm[™] (aducanumab)
04/01/2022	<ul style="list-style-type: none"> ● Added Korsuva[™] (difelikefalin)
03/01/2022	<ul style="list-style-type: none"> ● Added Vabysmo[™] (faricimab-svoa)
02/14/2022	<ul style="list-style-type: none"> ● Added Enjaymo[™] (sutimlimab-jome)