

Review at Launch for New to Market Medications

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Effective Date: January 1, 2022

 [Instructions for Use](#)

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Related List

- [Review at Launch Medication List](#)

Applicable States

This Medical Benefit Drug Policy only applies to the states of Alabama, Arizona, Florida, Georgia, Illinois, Louisiana, Maryland, Michigan, North Carolina, Oklahoma, Tennessee, Texas, Virginia, and Washington.

Coverage Rationale

 See [Benefit Considerations](#)

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 has not yet been put in place.

A medication will be subject to review at launch when the medication is listed on the [Review at Launch Medication List](#). 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 has been communicated as may be required by law or by December 31 of the following calendar year, whichever is earliest; or
- Reviewed against available clinical evidence, which includes applicable Medical Benefit Drug Policies.

Providers are strongly encouraged to seek a pre-determination on any new to market medications that are subject to review at launch to ensure coverage. Please be aware if a pre-determination is not requested, UnitedHealthcare may later deny the service or item as not medically appropriate or not covered. If a provider knows or has reason to believe that a service or item may not be covered, the provider must request a pre-service organization determination from UnitedHealthcare prior to providing or referring for the service or item. A provider may not collect payment from our commercial members for services not covered under the applicable benefit plan, unless the member provided written consent before the service was rendered. See the [UnitedHealthcare Care Provider Administrative Guide](#) for more detail.

Medical Benefit Drug Policies express UnitedHealthcare's determination of whether a health services is proven to be effective based on published clinical evidence. They are also used to decide whether a given health service is medically necessary.

Services determined to be experimental, investigational, unproven or not medically necessary by the clinical evidence are typically not covered.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPSC Code	Description
C9399	Unclassified drugs or biologicals (Hospital Outpatient Use only)
J3490	Unclassified drugs
J3590	Unclassified biologics

Background

The Review at Launch program provides UnitedHealthcare the ability to review, evaluate, and implement programs for new to market medications. The medication may move to a covered status once the medication has been evaluated by UnitedHealthcare and a utilization management strategy has been communicated as may be required by law.

Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. See the Policy and Procedure addressing the treatment of serious rare diseases.

References

1. AHFS Drug information [website]. Available at: <http://www.ahfsdruginformation.com/>. Accessed September 10, 2021.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2017. Available at: <http://www.goldstandard.com>. Accessed September 10, 2021.
3. Micromedex 2.0 [database online]. Truven Health Analytics, Inc. Greenwood Village, CO. Available at: <http://www.micromedexsolutions.com>. September 10, 2021.
4. UpToDate [database online]. Available at: <http://www.uptodate.com/>. Accessed September 10, 2021.

Policy History/Revision Information

Date	Summary of Changes
08/12/2022	Related Document <ul style="list-style-type: none">Updated <i>Review at Launch Medication List</i>; added Cimerli™ (ranibizumab-eqrn)
07/05/2022	Related Document <ul style="list-style-type: none">Updated <i>Review at Launch Medication List</i>; added Skyrizi® (risankizumab-rzaa)
07/01/2022	Related Document <ul style="list-style-type: none">Updated <i>Review at Launch Medication List</i>.

Date	Summary of Changes
	<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); 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): Added C9094 ▪ Vabysmo™ (faricimab-svoa): Added C9097 ▪ Tezspire™ (tezepelumab-ekko): Replaced J3490, and J3590 with J2356
06/01/2022	Related Document <ul style="list-style-type: none"> ● Updated <i>Review at Launch Medication List</i>: <ul style="list-style-type: none"> ○ Added Byooviz™ (ranibizumab-nuna) ○ Removed Aduhelm™ (aducanumab-avwa)
04/01/2022	Related Document <ul style="list-style-type: none"> ● Added Korsuva™ (difelikefalin)
02/14/2022	Related Document <ul style="list-style-type: none"> ● Updated <i>Review at Launch Medication List</i>; added Enjaymo™ (sutimlimab-jome)
02/07/2022	Related Document <ul style="list-style-type: none"> ● Updated <i>Review at Launch Medication List</i>; added Vabysmo™ (faricimab-svoa)
01/10/2022	Related Document <ul style="list-style-type: none"> ● Updated <i>Review at Launch Medication List</i>; added Leqvio® (inclisiran)
01/01/2022	Template Update <ul style="list-style-type: none"> ● Updated policy header to reflect the most current product branding for UnitedHealthcare Individual Exchange Plans Applicable States <ul style="list-style-type: none"> ● Revised list of applicable states to encompass new benefit plans effective Jan. 1, 2022; added language to indicate this policy applies to the states of Alabama, Florida, Georgia, Illinois, Louisiana, Michigan, and Texas Related Document <ul style="list-style-type: none"> ● Added Apretude™ (cabotegravir extended-release injectable suspension), Tezspire™ (tezepelumab-ekko), and Vyvgart™ (efgartigimod) ● Removed Nexvazyme™ (avalglucosidase alfa-ngpt), Ryplazim® (plasminogen, human-tvmh), and Saphnelo™ (anifrolumab-fnia) ● Updated HCPCS code for Aduhelm™ (aducanumab) to reflect annual edits; replaced codes J3490 and J3590 with J0172 Supporting Information <ul style="list-style-type: none"> ● Archived previous policy version IEXD0060.02

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard benefit plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates.

UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.