

## Review at Launch Medication List

**Last Updated:** May 15, 2025

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### Related Policy

- [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.

This list is supported by the applicable [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
04/01/2024	Q5134	Tyruko® (natalizumab-sztn)
07/01/2024	Q5137, Q5138	Wezlana™ (ustekinumab-auub)
08/09/2024	J1599	Yimmugo® (immune globulin intravenous, human-dira)
10/01/2024	Q5136	Jubbonti® (denosumab-bbdz)
10/01/2024	Q5136	Wyost® (denosumab-bbdz)
12/01/2024	C9304, J3490, J3590	Hympavzi™ (marstacimab-hncq)
01/01/2025	Q9997	Pyzchiva® (ustekinumab-ttwe) (intravenous)
01/01/2025	Q9998	Selarsdi™ (ustekinumab-aekn) (intravenous)
02/14/2025	J3490, J3590	Alhemo® (concizumab-mtci)
02/14/2025	J9038	Niktimvo™ (axatilimab-csfr)
02/14/2025	J3490, J3590	Steqeyma® (ustekinumab-stba) (intravenous)
02/14/2025	J3490, J3590	Yesintek™ (ustekinumab-kfce) (intravenous)
02/28/2025	J3490, J3590	Imuldosa™ (ustekinumab-srlf) (intravenous)
02/28/2025	Q9999	Otulfi™ (ustekinumab-aausz) (intravenous)

RAL Date	HCPCS Codes	Medication
04/01/2025	Q5152	Bkemv™ (eculizumab-aeeb)
04/01/2025	Q5151	Epysqli® (eculizumab-aagh)
04/18/2025	J1072	Azmiro™ (testosterone cypionate)
04/18/2025	J3490, J3590	Qfitlia™ (fitusiran)
05/15/2025	J3490, J3590	Imaavy™ (nipocalimab-aahu)

## List History/Revision Information

Date	Summary of Changes
05/15/2025	<ul style="list-style-type: none"> <li>Added Imaavy™ (nipocalimab-aahu)</li> </ul>
04/18/2025	<ul style="list-style-type: none"> <li>Added Azmiro™ (testosterone cypionate) and Qfitlia™ (fitusiran)</li> </ul>
04/01/2025	<ul style="list-style-type: none"> <li>Added: <ul style="list-style-type: none"> <li>Bkemv™ (eculizumab-aeeb)</li> <li>Epysqli® (eculizumab-aagh)</li> </ul> </li> <li>Removed (prior authorization requirements effective Apr. 1, 2025): <ul style="list-style-type: none"> <li>Pavblu™ (afibercept-ayyh)</li> <li>Piasky® (crovalimab-akkz)</li> <li>Tofidence™ (tocilizumab-bavi)</li> <li>Tyenne® (tocilizumab-aazg)</li> </ul> </li> <li>Updated list of applicable HCPCS codes to reflect quarterly edits: <ul style="list-style-type: none"> <li>Hympavzi™ (marstacimab-hncq); added C9304</li> <li>Niktimvo™ (axatilimab-csfr); replaced J3490 and J3590 with J9038</li> <li>Otulfi™ (ustekinumab-aauz); replaced J3490 and J3590 with Q9999</li> </ul> </li> </ul>
02/28/2025	<ul style="list-style-type: none"> <li>Added: <ul style="list-style-type: none"> <li>Imuldosa™ (ustekinumab-srlf) (intravenous)</li> <li>Otulfi™ (ustekinumab-aauz) (intravenous)</li> </ul> </li> <li>Updated Steqeyma® and Yesintek™ to reflect intravenous</li> </ul>
02/14/2025	<ul style="list-style-type: none"> <li>Added: <ul style="list-style-type: none"> <li>Alhemo® (concizumab-mtci)</li> <li>Niktimvo™ (axatilimab-csfr)</li> <li>Steqeyma® (ustekinumab-stba) (intravenous)</li> <li>Yesintek™ (ustekinumab-kfce) (intravenous)</li> </ul> </li> </ul>
02/01/2025	<ul style="list-style-type: none"> <li>Removed Tremfya® (guselkumab) (intravenous); prior authorization requirements effective Feb. 1, 2025</li> </ul>
01/01/2025	<ul style="list-style-type: none"> <li>Added: <ul style="list-style-type: none"> <li>Pyzchiva® (ustekinumab-ttwe) (intravenous)</li> <li>Selarsdi™ (ustekinumab-aekn) (intravenous)</li> </ul> </li> <li>Removed (prior authorization requirements effective Jan. 1, 2025): <ul style="list-style-type: none"> <li>Alyglo™ (immune globulin intravenous, human-stwk)</li> <li>Kisunla™ (donanemab-azbt)</li> <li>Ocrevus Zunovo™ (ocrelizumab/hyaluronidase-ocsq)</li> </ul> </li> <li>Updated list of applicable HCPCS codes for: <ul style="list-style-type: none"> <li>PiaSky® (crovalimab-akkz); replaced J3490 and J3590 with J1307</li> <li>Yimmugo® (immune globulin intravenous, human-dira); replaced J3490 and J3590 with J1599</li> </ul> </li> </ul>
12/01/2024	<ul style="list-style-type: none"> <li>Added Hympavzi™ (marstacimab-hncq)</li> </ul>
11/11/2024	<ul style="list-style-type: none"> <li>Added Pavblu™ (afibercept-ayyh) and Tremfya® (guselkumab) (intravenous)</li> </ul>
10/01/2024	<ul style="list-style-type: none"> <li>Added Ocrevus Zunovo™ (ocrelizumab/hyaluronidase-ocsq), Jubbonti® (denosumab-bbdz), and Wyost® (denosumab-bbdz)</li> <li>Removed Beqvez™ (fidanacogene elaparovovec-dzkt); prior authorization requirements effective Oct. 1, 2024</li> <li>Updated list of applicable HCPCS codes for Tyenne® (tocilizumab-aazg); replaced J3490 and J3590 with Q5135</li> </ul>

Date	Summary of Changes
09/06/2024	<ul style="list-style-type: none"> <li>Updated list of applicable HCPCS codes for Kisunla™ (donanemab-azbt): <ul style="list-style-type: none"> <li>Added J0175</li> <li>Removed J3490 and J3590</li> </ul> </li> </ul>
08/09/2024	<ul style="list-style-type: none"> <li>Added Piasky® (crovalimab-akkz) and Yimmugo® (immune globulin intravenous, human-dira)</li> </ul>
07/08/2024	<ul style="list-style-type: none"> <li>Added Kisunla™ (donanemab-azbt)</li> </ul>
07/01/2024	<ul style="list-style-type: none"> <li>Added Wezlana™ (ustekinumab-auub)</li> <li>Removed (prior authorization requirements effective Jul. 1, 2024): <ul style="list-style-type: none"> <li>Cosentyx® (secukinumab)</li> <li>Rivfloza™ (nedosiran)</li> </ul> </li> </ul>
06/01/2024	<ul style="list-style-type: none"> <li>Removed Winrevair™ (sotatercept-csrk)</li> </ul>
05/06/2024	<ul style="list-style-type: none"> <li>Added Beqvez™ (fidanacogene elaparvovec-dzkt)</li> </ul>
04/12/2024	<ul style="list-style-type: none"> <li>Added Alyglo™ (immune globulin intravenous, human-stwk) and Winrevair™ (sotatercept-csrk)</li> </ul>
04/01/2024	<ul style="list-style-type: none"> <li>Added: <ul style="list-style-type: none"> <li>Tofidence™ (tocilizumab-bavi)</li> <li>Tyenne® (tocilizumab-aazg)</li> <li>Tyruko® (natalizumab-sztn)</li> </ul> </li> <li>Removed (prior authorization requirements effective Apr. 1, 2024): <ul style="list-style-type: none"> <li>Adzynma (ADAMTS13, recombinant-krhn)</li> <li>Eylea® HD (aflibercept)</li> <li>OmvoH™ (mirikizumab-mrkz)</li> <li>Pombiliti™ (cipaglucosidase alfa)</li> </ul> </li> <li>Updated list of applicable HCPCS codes for Cosentyx® (secukinumab) to reflect quarterly edits; added C9166</li> </ul>
02/01/2024	<ul style="list-style-type: none"> <li>Added Rivfloza™ (nedosiran)</li> </ul>
01/01/2024	<ul style="list-style-type: none"> <li>Removed (prior authorization requirements effective Jan. 1, 2024): <ul style="list-style-type: none"> <li>Izervay™ (avacincaptad pegol intravitreal solution)</li> <li>Roctavian™ (valoctocogene roxaparvovec-rvox)</li> <li>Rystiggo® (rozanolixizumab-noli)</li> <li>Veopoz™ (pozelimab-bbfg)</li> <li>Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)</li> </ul> </li> <li>Updated list of applicable HCPCS codes for Eylea® HD (aflibercept) to reflect annual edits; added C9161</li> </ul>
11/17/2023	<ul style="list-style-type: none"> <li>Added Adzynma (ADAMTS13, recombinant-krhn)</li> </ul>
11/10/2023	<ul style="list-style-type: none"> <li>Added OmvoH™ (mirikizumab-mrkz)</li> </ul>
11/01/2023	<ul style="list-style-type: none"> <li>Added Cosentyx® (secukinumab) and Pombiliti™ (Cipaglucosidase alfa)</li> <li>Removed Leqembi™ (lecanemab-irmb); prior authorization requirements effective November 1, 2023</li> </ul>
10/01/2023	<ul style="list-style-type: none"> <li>Removed Briumvi™ (ublituximab-xiyy), Byooviz™ (ranibizumab-nuna), Cimerli™ (ranibizumab-eqrn), Elevidys® (delandistrogene moxeparvovec-rokl), Elfabrio® (pegunigalsidase alfa-iwxj), Lamzede® (velmanase alfa-tycv), Qalsody™ (tofersen), Syfovre™ (pegcetacoplan injection), and Vyjuvek™ (beremagene geperpavec-svdt); prior authorization requirements effective Oct. 1, 2023</li> </ul>
09/01/2023	<ul style="list-style-type: none"> <li>Added Eylea® HD (aflibercept) and Veopoz™ (pozelimab-bbfg)</li> <li>Updated list of applicable HCPCS codes for Leqembi™ (lecanemab-irmb); removed J3490 and J3590</li> </ul>
08/16/2023	<ul style="list-style-type: none"> <li>Added Izervay™ (avacincaptad pegol intravitreal solution)</li> </ul>
08/01/2023	<ul style="list-style-type: none"> <li>Updated list of applicable HCPCS codes to reflect new permanent code for Leqembi: Added J0174</li> </ul>
07/10/2023	<ul style="list-style-type: none"> <li>Added Roctavian™ (valoctocogene roxaparvovec-rvox) and Rystiggo® (rozanolixizumab-noli)</li> </ul>

Date	Summary of Changes
07/01/2023	<ul style="list-style-type: none"> <li>Added Elevidys® (delandistrogene moxeparvec-rokl), and Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)</li> <li>Removed: <ul style="list-style-type: none"> <li>Sunlenca® (lenacapavir); prior authorization requirements effective July 1, 2023</li> <li>Rebyota™ (fecal microbiota, live-jslm)</li> </ul> </li> <li>Updated list of applicable HCPCS codes to reflect quarterly edits for: <ul style="list-style-type: none"> <li>Briumvi™ (ublituximab-xiiy): Replaced J3490 and J3590 with J2329</li> <li>Syfovre™ (pegcetacoplan injection): Added C9151</li> </ul> </li> </ul>
06/01/2023	<ul style="list-style-type: none"> <li>Added Vyjuvek™ (beremagene geperpavec-svdt)</li> </ul>
05/22/2023	<ul style="list-style-type: none"> <li>Added Elfabrio® (pegunigalsidase alfa-iwxj)</li> </ul>
05/01/2023	<ul style="list-style-type: none"> <li>Added Qalsody™ (tofersen)</li> </ul>
04/01/2023	<ul style="list-style-type: none"> <li>Removed Hemgenix® (etranacogene dezaparvec-drlb), Spevigo® (spesolimab-sbzo), Tziel™ (teplizumab-mzwv), and Xenpozyme® (olipudase alfa; prior authorization requirements effective April 1, 2023)</li> <li>Updated list of applicable HCPCS codes to reflect quarterly edits for Cimerli™ (ranibizumab-eqrn); replaced J3490, and J3590 with Q5128</li> </ul>
03/01/2023	<ul style="list-style-type: none"> <li>Added Lamzede® (velmanase alfa-tycv) and Syfovre™ (pegcetacoplan injection)</li> </ul>
01/12/2023	<ul style="list-style-type: none"> <li>Added Briumvi™ (ublituximab-xiiy), Leqembi™ (lecanemab-irmb), Rebyota™ (fecal microbiota, live-jslm), and Sunlenca® (lenacapavir)</li> </ul>
01/01/2023	<ul style="list-style-type: none"> <li>Removed Amvuttra™ (vutrisiran) and Skyrizi® (risankizumab-rzaa); prior authorization requirements effective Jan. 1, 2023</li> </ul>
12/01/2022	<ul style="list-style-type: none"> <li>Added Hemgenix® (etranacogene dezaparvec-drlb) and Tziel™ (teplizumab-mzwv)</li> </ul>
10/01/2022	<ul style="list-style-type: none"> <li>Removed Enjaymo™ (sutimlimab-jome), Korsuva™ (difelikefalin), Tezspire™ (tezepelumab-ekko), and Vabysmo™ (faricimab-svoa); prior authorization requirements effective Oct. 1, 2022</li> </ul>
09/08/2022	<ul style="list-style-type: none"> <li>Added Spevigo® (spesolimab-sbzo) and Xenpozyme® (olipudase alfa)</li> </ul>
08/12/2022	<ul style="list-style-type: none"> <li>Added Cimerli™ (ranibizumab-eqrn)</li> </ul>