

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.

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	HCP 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) Wyost® (denosumab-bbdz)
11/22/2024	C9304, J3490, J3590	Hympavzi™ (marstacimab-hncq)
01/01/2025	Q9996, Q9997	Pyzchiva® (ustekinumab-ttwe)
01/01/2025	Q9998	Selarsdi™ (ustekinumab-aekn)
02/14/2025	J9038	Niktimvo™ (axatilimab-csfr)
02/14/2025	C9399, J3490, J3590	Steqeyma® (ustekinumab-stba)
02/14/2025	C9399, J3490, J3590	Yesintek™ (ustekinumab-kfce)

RAL Date	HCPCS Codes	Medication
02/14/2025	C9399, J3490, J3590	Alhemo® (concizumab-mtci)
02/28/2025	C9399, J3490, J3590	Imuldosa™ (ustekinumab-srlf)
02/28/2025	Q9999	Otulf™ (ustekinumab-aauz)
04/01/2025	Q5149	Enzeevu™ (afibercept-abzv)
04/01/2025	Q5150	Ahzantive™ (afibercept-mrbb)
04/01/2025	Q5151	Epysqli® (eculizumab-aagh)
04/01/2025	Q5152	Bkemv™ (eculizumab-aeeb)
04/18/2025	J1072	Azmiro™ (testosterone cypionate)
04/18/2025	C9399, J3490, J3590	Qfitlia™ (fitusiran)
05/15/2025	C9399, J3490, J3590	Imaavy™ (nipocalimab-aahu)

List History/Revision Information

Date	Summary of Changes
05/15/2025	<ul style="list-style-type: none"> Added Imaavy™ (nipocalimab-aahu)
05/01/2025	<ul style="list-style-type: none"> Removed Pavblu™ (afibercept-ayyh)
04/18/2025	<ul style="list-style-type: none"> Added Azmiro™ (testosterone cypionate) and Qfitlia™ (fitusiran)
04/01/2025	<ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Ahzantive™ (afibercept-mrbb) Bkemv™ (eculizumab-aeeb) Enzeevu™ (afibercept-abzv) Epysqli® (eculizumab-aagh) Removed: <ul style="list-style-type: none"> Piasky® (crovalimab-akkz) Tofidence™ (tocilizumab-bavi) Tyenne® (tocilizumab-aazg) Updated list of applicable HCPCS codes for: <ul style="list-style-type: none"> Hympavzi™ (marstacimab-hncq); replaced C9399 with C9304 Niktimvo™ (axatilimab-csfr); replaced C9399, J3490, and J3590 with J9038 Otulf™ (ustekinumab-aauz); replaced C9399, J3490, and J3590 with Q9999 Pavblu™ (afibercept-ayyh); replaced C9399, J3490, and J3590 with Q5147
02/28/2025	<ul style="list-style-type: none"> Added Imuldosa™ (ustekinumab-srlf) and Otulf™ (ustekinumab-aauz)
02/14/2025	<ul style="list-style-type: none"> Added Alhemo® (concizumab-mtci), Niktimvo™ (axatilimab-csfr), Steqeyma® (ustekinumab-stba), and Yesintek™ (ustekinumab-kfce)
01/01/2025	<ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Pyzchiva® (ustekinumab-ttwe) Selarsdi™ (ustekinumab-aekn) Removed: <ul style="list-style-type: none"> Alyglo™ (immune globulin intravenous, human-stwk) Eylea® HD (afibercept) Kisunla™ (donanemab-azbt) Ocrevus Zunovo™ (ocrelizumab/hyaluronidase-ocsq) Tremfya® (guselkumab) (intravenous) Updated list of applicable HCPCS codes for: <ul style="list-style-type: none"> Piasky® (crovalimab-akkz); replaced C9399, J3490, and J3590 with J1307 Yimmugo® (immune globulin intravenous, human-dira); replaced C9399, J3490, and J3590 with J1599
11/22/2024	<ul style="list-style-type: none"> Added Hympavzi™ (marstacimab-hncq)
11/08/2024	<ul style="list-style-type: none"> Added Tremfya® (guselkumab) (intravenous)
11/01/2024	<ul style="list-style-type: none"> Added Pavblu™ (afibercept-ayyh)

Date	Summary of Changes
10/01/2024	<ul style="list-style-type: none"> Added Ocrevus Zunovo™ (ocrelizumab/hyaluronidase-ocsq), Jubbonti® (denosumab-bbdz), and Wyost® (denosumab-bbdz) Removed Beqvez™ (fidanacogene elaparvovec-dzkt); prior authorization requirements effective Oct. 1, 2024 Updated list of applicable HCPCS codes for Tyenne® (tocilizumab-aazg); replaced C9399, J3490, and J3590 with Q5135
09/06/2024	<ul style="list-style-type: none"> Updated list of applicable HCPCS codes for: <ul style="list-style-type: none"> Eylea® HD (aflibercept); replaced C9161, J3490, and J3590 with J0177 Kisunla™ (donanemab-azbt); replaced C9399, J3490, and J3590 with J0175
08/09/2024	<ul style="list-style-type: none"> Added Piasky® (crovalimab-akkz) and Yimmugo® (immune globulin intravenous, human-dira)
07/08/2024	<ul style="list-style-type: none"> Added Kisunla™ (donanemab-azbt)
07/01/2024	<ul style="list-style-type: none"> Added Wezlana™ (ustekinumab-auub) Removed (prior authorization requirements effective Jul. 1, 2024): <ul style="list-style-type: none"> Cosentyx® (secukinumab) Rivfloza™ (nedosiran)
05/20/2024	<ul style="list-style-type: none"> Removed Winrevair™ (sotatercept-csrk)
05/06/2024	<ul style="list-style-type: none"> Added Beqvez™ (fidanacogene elaparvovec-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 roxaparvovec-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 HCPCS 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"> Altuviio™ (antihemophilic factor [recombinant], Fc-VWF-XTEN fusion protein-ehlt) Briumvi™ (ublituximab-xiyy) Elevidys® (delandistrogene moxeparvovec-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)

Date	Summary of Changes
09/01/2023	<ul style="list-style-type: none"> Added Eylea® HD (aflibercept) and Veopoz™ (pozelimab-bbfg) Updated list of applicable HCPCS 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 HCPCS codes for Leqembi™ (lecanemab-irmb); added J0174
07/10/2023	<ul style="list-style-type: none"> Added Rystiggo® (rozanolixizumab-noli) and Roctavian™ (valoctocogene roxaparvovec-rvox)
07/01/2023	<ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Elevidys® (delandistrogene moxeparvovec-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-xiyy): 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 dezaparvovec-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-ehtl)
01/12/2023	<ul style="list-style-type: none"> Added Briumvi™ (ublituximab-xiyy), 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 dezaparvovec-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)