

Review at Launch Medication List

Last Modified Date: August 12, 2022

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Related Policy

- [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 |
|------------------------------|---|
| Aduhelm™ (aducanumab-avwa) | 06/14/2021 |
| Tezspire™ (tezepelumab-ekko) | 01/01/2022 |
| Enjaymo™ (sutimlimab-jome) | 02/14/2022 |
| Vabysmo™ (faricimab-svoa) | 02/14/2022 |
| Korsuva™ (difelikefalin) | 04/01/2022 |
| Byooviz™ (ranibizumab-nuna) | 06/01/2022 |
| Amvuttra™ (vutrisiran) | 07/01/2022 |
| Skyrizi® (risankizumab-rzaa) | 07/05/2022 |
| Cimerli™ (ranibizumab-eqrn) | 08/12/2022 |

List History/Revision Information

| Date | Summary of Changes |
|------------|---|
| 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) |
| 01/01/2022 | <ul style="list-style-type: none"> Added Apretude™ (cabotegravir extended-release injectable suspension), Tezspire™ (tezepelumab-ekko), and Vyvgart™ (efgartigimod) Removed Ryplazim® (plasminogen, human-tvmh) and Saphnelo™ (anifrolumab-fnia); prior authorization requirements effective Jan. 1, 2022 |
| 11/12/2021 | <ul style="list-style-type: none"> Added Purified Cortrophin™ Gel (repository corticotropin) |
| 10/01/2021 | <ul style="list-style-type: none"> Removed Cabenuva™ (cabotegravir/rilpivirine) and Evkeeza™ (evinacumab-dgnb); prior authorization requirements effective Oct. 1, 2021 |
| 08/16/2021 | <ul style="list-style-type: none"> Added Nexviazyme™ (avalglucosidase alfa-ngpt) |
| 08/06/2021 | <ul style="list-style-type: none"> Added Saphnelo™ (anifrolumab-fnia) |
| 07/01/2021 | <ul style="list-style-type: none"> Removed Oxlumo™ (lumasiran) and Amondys 45™ (casimersen); prior authorization requirements effective July 1, 2021 |
| 06/14/2021 | <ul style="list-style-type: none"> Added Aduhelm™ (aducanumab-avwa) and Ryplazim® (plasminogen, human-tvmh) Removed Empaveli™ (pegcetacoplan) |
| 05/20/2021 | <ul style="list-style-type: none"> Added Empaveli™ (pegcetacoplan) |
| 04/07/2021 | <ul style="list-style-type: none"> Removed <i>Related Policies</i> section |
| 03/01/2021 | <ul style="list-style-type: none"> Added Amondys 45™ (casimersen) |
| 02/17/2021 | <ul style="list-style-type: none"> Added Evkeeza™ (evinacumab-dgnb) |
| 02/01/2021 | <ul style="list-style-type: none"> Added Cabenuva™ (cabotegravir/rilpivirine) |
| 01/01/2021 | <ul style="list-style-type: none"> Removed Scenesse® (afamelanotide), Uplizna™ (inebilizumab-cdon), and Viltepso™ (viltolarsen); prior authorization requirements effective Jan. 1, 2021 |
| 12/07/2020 | <ul style="list-style-type: none"> Added Oxlumo™ (lumasiran) |
| 10/01/2020 | <ul style="list-style-type: none"> Removed Monoferic™ (ferric derisonmaltose), Tepezza™ (teprotumumab-trbw), and Vyepi™ (eptinezumab-jjmr); prior authorization requirements effective Oct. 1, 2020 |
| 09/01/2020 | <ul style="list-style-type: none"> Reformatted list; transferred content to new template |
| 08/18/2020 | <ul style="list-style-type: none"> Added Viltepso™ (viltolarsen) |
| 07/01/2020 | <ul style="list-style-type: none"> Removed Adakveo® (crizanlizumab-tmca), Avsola™ (infliximab-axxq), Givlaari™ (givosiran), and Vyondys 53™ (golodirsen); prior authorization requirements effective Jul. 1, 2020 |