

## Review at Launch Medication List

Last Updated: May 20, 2021

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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 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	HCP Codes	Medication
01/01/2021	J3490, J3590	Oxlumo™ (lumasiran)
01/01/2021	C9071, J3490, J3590	Viltepso™ (Viltolarsen)
02/01/2021	J3490	Cabenuva™ (cabotegravir/rilpivirine)
02/17/2021	J3490, J3590	Evkeeza™ (evinacumab-dgnb)
03/01/2021	J3490, J3590	Amondys 45™ (casimersen)
03/05/2021	J3490, J3590	Nulibry™ (fosdenopterin)

RAL Date	HCPCS Codes	Medication
05/20/2021	J3490, J3590	Empaveli™ (pegcetacoplan)

## List History/Revision Information

Date	Summary of Changes
05/20/2021	<ul style="list-style-type: none"> <li>Added Empaveli™ (pegcetacoplan)</li> </ul>
03/05/2021	<ul style="list-style-type: none"> <li>Added Nulibry™ (fosdenopterin)</li> </ul>
03/01/2021	<ul style="list-style-type: none"> <li>Added Amondys 45™ (casimersen)</li> </ul>
02/17/2021	<ul style="list-style-type: none"> <li>Added Evkeeza™ (evinacumab-dgnb)</li> </ul>
02/01/2021	<ul style="list-style-type: none"> <li>Added Cabenuva™ (cabotegravir/rilpivirine)</li> </ul>
01/01/2021	<ul style="list-style-type: none"> <li>New list; includes Oxlumo™ (lumasiran) and Viltespo™ (viltolarsen)</li> </ul>