

UnitedHealthcare Community Plan Pharmacy & Therapeutics Committee Minutes

Meeting Date: June 6, 2024
 Location: Via conference call/Teams

Agenda Item	Speaker	Recommendation	Conclusions/Recommendations	Vote
Meeting called to order			5:01PM EST	
A. Minutes from previous meetings		Review of Minutes from March 7, 2024	Minutes reviewed, approved	Yes
B. Formulary Review - New Drugs		Iwifin		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Rezdifra		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
	Comment:	asked are patients able to easily access a trial in their local areas? stated that trials for Rezdifra are on-going, however Rezdifra is currently FDA approved & is available for all patients, they do not need to be registered in a clinical trial to get this medication.		
		Rivfloza		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Truqap		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Agamree		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Augtyro		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Cabtreo		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Eohilia		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Vevye		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Cyclosporine		
		Recommendation: • Preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Xiidra		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Wainua		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Xphozah		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Zilbrysq		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Fabhalta		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Ogsiveo		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Zepbound		
		Recommendation: • Benefit Exclusion (Non-preferred with prior authorization where weight loss coverage required)	Motion made, seconded, and carried to accept recommendation	11:0
	Comment:	asked what happens when Zepbound is stopped and are there any lasting effects with this medication? answered it is very similar to the other GLP-1s, where the weight does return, so there is no advantage versus any of the other agents in the drug class. asked are we approving any GLP-1s for weight loss? replied, currently Rhode Island is the only UHC defined market that would approve a GLP-1 medication for weight loss. said that is somewhat short-sighted as many of these patients have metabolic comorbidities along with obesity. stated that currently in the Medicaid space most of our Medicaid partners designate weight loss medications as a benefit exclusion. It is only in the markets where the Medicaid state partner has provided direction to cover weight loss medications that they are not a benefit exclusion.		
		Zoryve		
		Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0

C. Formulary Review - New Formulations		Confirm Review of New Formulations Grid	Yes/No	Yes
		Recommendation: • Zymfentra : Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
D. Formulary Review - PDL Modifications		Confirm Review of PDL Modifications Grid	Yes/No	Yes
		Recommendation: • Kevzara : Move to non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Tyenne prefilled syringe and autoinjector : Move to preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Revimid : Move to non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Farxiga : Move to non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Wegovy : Remain benefit exclusion across all applicable lines of business (non-preferred with prior authorization in lines of business that require coverage)	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Sunlenca : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Vancomycin 150mg, 250mg capsule : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Vancomycin 25mg/mL solution : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Vancomycin 50mg/mL solution : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Firvanq 25mg/mL, 50mg/mL solution : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Nutropin : Move to non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Omnitrope : Move to preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Mometasone furoate nasal spray : Move to preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Recommendation: • Ondansetron 4mg/5mL oral solution : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
E. Formulary Review - New Drugs- Medical		Confirm Review of New Drugs- Medical Grid	Yes/No	Yes
		Casgevy Recommendation: • Medical benefit with prior authorization required across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Lyfgenia Recommendation: • Medical benefit with prior authorization required across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Loqtorzi Recommendation: • Medical benefit with prior authorization required across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
		Adzynma Recommendation: • Medical benefit with prior authorization required across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	11:0
F. Formulary Review - Drugs Evaluated Per Grid		Apply recommendations as outlined in grid	Motion made, seconded, and carried to accept recommendation	11:0
G. Clinical Guidelines		Clinical Guideline Review		
		Apply New Pharmacy Guidelines	Motion made, seconded, and carried to accept recommendation	11:0
		Continue to Apply Pharmacy Guidelines Requiring Modifications	Motion made, seconded, and carried to accept recommendation	11:0
		Remove Pharmacy Guidelines Requiring Archival	Motion made, seconded, and carried to accept recommendation	11:0
H. Quality Monitoring		Confirm Review of Quality Data	Yes/No	Yes
		DUR Review		
		Drug Recalls – 1st Quarter 2024		
		Top 25 Drugs by Spend and Volume – 1st Quarter 2024		
		Top 10 Drugs Requested - Approvals and Denials – 1st Quarter 2024		
		Grievances and Appeals Data – 1st Quarter 2024		
		Inter-Rater Reliability (IRR) – 1st Quarter 2024 • Pharmacists		
Adjournment			6:48PM EST	
Respectfully Submitted to the Committee,				
[Redacted Signature]				
[Redacted Name]				
[Redacted Title]				
UHC C&S				