



UnitedHealthcare Community Plan Pharmacy & Therapeutics Committee Minutes

Meeting Date: September 11, 2025
Location: Via conference call/Teams

Agenda Item	Speaker	Recommendation	Conclusions/ Recommendations	Vote
Meeting called to order	G. Shutzberg	5:02 PM EST		
A. Minutes from previous meetings	G. Shutzberg	Review of Minutes from June 5, 2025	Minutes reviewed, approved	Yes
B. Hot Topic	M. Theys	Biosimilars in Focus [REDACTED] raised a question regarding Optum Specialty Pharmacy's level of engagement in states where a conversion has occurred. She noted that while Optum has been a supportive partner in markets where the biosimilar was clearly preferred, their willingness to assist appears to be more limited in co-preferred markets. She asked whether Optum perceives any legal constraints that prevent them from selecting the biosimilar—even when it holds interchangeable status—under co-preferred arrangements, as opposed to when the product is designated as the preferred option. Comment: [REDACTED] clarified that the co-preferred strategy primarily applies to Humira. In contrast, most states have adopted a biosimilar-first approach for Stelara. For Humira, the co-preferred designation means both the originator and biosimilars are considered equally preferred. This creates challenges for specialty pharmacies, as they must determine which product to prioritize. If a physician prescribes Humira specifically, and the pharmacy chooses to dispense a biosimilar instead, they may be perceived as overriding the published strategy. This ambiguity makes it difficult for pharmacies to confidently make dispensing decisions within co-preferred frameworks.	Non-voting item	
C. Formulary Review - New Drugs	M. Reisman	Avmapki Fakzynja Co-pack Recommendation: • Non-preferred with prior authorization across all applicable lines of business Dr. [REDACTED] asked what is the efficacy of the preferred products, Mekinist, Lynparza, and Zejula? [REDACTED] replied, the ones that were 9-28% efficacy are used for chemotherapy and hormone therapy. There is currently no hormone therapy that we have listed in the market basket. [REDACTED] will research the efficacy of Mekinist, Lynparza, and Zejula and respond offline. [REDACTED] added, I think these were included as part of the ovarian cancer as a broader diagnosis. It did seem like the comparators that we are looking at here are going to be the Mekinist and Mektovi. Those seem to be more inline with the Avmapki, but will research this further and get back to you. [REDACTED] followed up with Dr. [REDACTED] via email after the meeting. See below for response.	Motion made, seconded, and carried to accept recommendation	9:0
	M. Reisman	Ctexli Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
	M. Reisman	Onapgo Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
	C. Blosser	Ronvimza Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
	C. Blosser	Symbravo Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Zolmitriptan Recommendation: • Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Frovatriptan Recommendation: • Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
	C. Blosser	Vykat XR Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
	M. Reisman	Qfitlia Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
	M. Reisman	Vanrafia Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
	C. Blosser	Blujepa Recommendation: • Non-preferred with prior authorization across all applicable lines of business Dr. [REDACTED] asked whether the laboratory is currently performing susceptibility testing for Blujepa, or if its efficacy is assumed based solely on the presence of the indicated condition. [REDACTED] relayed that the consultant indicated susceptibility testing or cultures are not typically performed at the outset of treatment, particularly in outpatient settings aligned with Blujepa's approved indication. Dr. [REDACTED] noted that, based on national antibiogram data, resistance to nitrofurantoin in the community setting is very unusual, making it a widely favored option. In contrast, while Bactrim remains a recommended agent, resistance rates in some regions can reach 30–40%, which raises concerns about its practical utility in routine outpatient management.	Motion made, seconded, and carried to accept recommendation	9:0
	C. Blosser	Orlynvah Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
D. Formulary Review - PDL Modifications	M. Reisman	Confirm Review of PDL Modifications Grid	Yes/No	Yes
		Recommendation: • Xtandi : Move to preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Basaglar- NY EPP ONLY : Move to non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Rezvoglar- NY EPP ONLY : Move to non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Ibandronate : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Risedronate : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Teriparatide : Move to preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Attriby : Move to preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Vyndaqel : Move to non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Vyndamax : Move to non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Lorazepam : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Clonazepam : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Neomycin/bacitracin zinc/ polymyxin : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Recommendation: • Darifenacin ER : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0

E. Formulary Review - New Drugs- Medical	M. Reisman	Confirm Review of New Drugs- Medical Grid	Yes/No	Yes
		Encelto		
		Recommendation: • Medical benefit with prior authorization required across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Emblaveo		
		Recommendation: • Medical benefit across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Emrelis		
		Recommendation: • Medical benefit with prior authorization required across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
		Imaavy		
		Recommendation: • Medical benefit with prior authorization required across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	9:0
F. Formulary Review - Drugs Evaluated Per Grid	M. Reisman	Apply recommendations as outlined in grid	Motion made, seconded, and carried to accept recommendation	9:0
G. Clinical Guidelines	M. Reisman	Clinical Guideline Review	Yes/No	Yes
		Apply New Pharmacy Guidelines	Motion made, seconded, and carried to accept recommendation	9:0
		Continue to Apply Pharmacy Guidelines Requiring Modifications	Motion made, seconded, and carried to accept recommendation	9:0
		Remove Pharmacy Guidelines Requiring Archival	Motion made, seconded, and carried to accept recommendation	9:0
H. Quality Monitoring	L. Charlton/C. Blosser	Confirm Review of Quality Data	Yes/No	Yes
	L. Charlton	DUR Review		
	C. Blosser	Drug Recalls – 2nd Quarter 2025		
	C. Blosser	Top 25 Drugs by Spend and Volume – 2nd Quarter 2025		
	C. Blosser	Top 10 Drugs Requested - Approvals and Denials – 2nd Quarter 2025		
	C. Blosser	Grievances and Appeals Data – 2nd Quarter 2025		
	C. Blosser	Inter-Rater Reliability (IRR) – 2nd Quarter 2025		
		• Pharmacists		
Adjournment	G. Shutzberg	6:53 PM EST		
Suggestions & Other Comments:				
Respectfully Submitted to the Committee,				
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, M.S.I.A., R.Ph. Chief Pharmacy Officer, UHC C&S				

Avmapki Fakzynja Response

The RAMP201 accelerated phase 2 clinical trial for Avmapki Fakzynja co-pack was not a comparator-controlled trial. A Phase 3 trial versus current treatments (RAMP301) is ongoing. The overall response rate (ORR) of 44% in the RAMP201 trial was on patients who had been previously treated with hormone therapy or chemotherapy. The study was designed to provide an additional option in individuals who didn't respond or had recurrence after use of these therapies.

Per NCCN guidelines, primary systemic therapy regimens for low grade serous epithelial ovarian cancer include chemotherapy regimens as well as hormone therapy including aromatase inhibitors (anastrozole, exemestane, letrozole), tamoxifen, fulvestrant, leuprolide acetate and goserelin acetate. Hormone therapy is also listed as acceptable for recurrent disease as an 'other recommended regimen'. The targeted therapy Avmapki Fakzynja Co-pack is also listed as acceptable for recurrent disease as 'useful in certain circumstances' for K-RAS mutated tumors. Since the hormonal therapies can be used as primary or recurrent therapy, it is challenging to directly compare overall response rates. Tamoxifen has data for off-label use for the treatment of relapsed or refractory ovarian cancer. Of 105 patients studied with advanced ovarian cancer treated with tamoxifen, 10% demonstrated a complete response (CR) and 8% a partial response; 38% had disease stabilization.

The consultant noted that the overall response rate of 44% for Avmapki Fakzynja co-pack shows that the product is an effective treatment and is an impressive response rate. The consultant also stated that this is good data when indirectly compared to other agents (such as chemotherapy and hormonal therapy) used as second-line treatment, which typically have overall response rates of 9-28%. Considering the NCCN guidelines and available data and literature, it is not entirely clear whether previously treated patients with KRAS-mutated LGSOC with recurrent disease would be treated with the Avmapki Fakzynja co-pack, chemotherapy, a MEK inhibitor, or other treatment (e.g., bevacizumab). Overall, the consultant felt that it is still unclear whether Avmapki Fakzynja co-pack would move to first-line treatment in patients with disease recurrence.

Additionally, the PA criteria for Avmapki Fakzynja co-pack is to label and does not require a step through other agents. In the case of this medication, the formulary status doesn't have any bearing on the PA criteria.



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Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer

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PRINCIPLES OF SYSTEMIC THERAPY Primary Systemic Therapy Regimens ⁵ - Epithelial Ovarian/Fallopian Tube/Primary Peritoneal			
Primary Therapy for Stage II-IV Disease (Principles of Maintenance PARPI Therapy on OV-C, 3 of 12)			
• High-grade serous • Endometrioid (grade 2/3) • Clear cell carcinoma^d • Carcinosarcoma^d	Preferred Regimens • Paclitaxel/carboplatin every 3 weeks ^{9,h} • Paclitaxel/carboplatin/bevacizumab + maintenance bevacizumab ⁹ (ICON-7 & GOG-218)	Other Recommended Regimens • Paclitaxel weekly/carboplatin weekly ^{2,h,k} • Docetaxel/carboplatin • Carboplatin/liposomal doxorubicin • Paclitaxel weekly/carboplatin every 3 weeks ⁹ • Docetaxel/carboplatin/bevacizumab + maintenance bevacizumab (GOG-218)	Useful in Certain Circumstances • Paclitaxel/cisplatin • Docetaxel/oxaliplatin/bevacizumab + maintenance bevacizumab • IV/IP paclitaxel/carboplatin • IV/IP paclitaxel/cisplatin (for optimally debulked stage II-III disease) • For carcinosarcoma: • Carboplatin/fosfamide • Cisplatin/fosfamide • Paclitaxel/fosfamide (category 2B) ⁹
Mucinous carcinoma^d	Preferred Regimens • 5-Fluorouracil/oxaliplatin ± bevacizumab (category 2B for bevacizumab) • Capecitabine/oxaliplatin ± bevacizumab (category 2B for bevacizumab) • Paclitaxel/carboplatin every 3 weeks ^{9,h} • Paclitaxel/carboplatin/bevacizumab + maintenance bevacizumab ⁹ (ICON-7 & GOG-218)	Other Recommended Regimens • Paclitaxel weekly/carboplatin weekly ^{2,h,k} • Docetaxel/carboplatin • Carboplatin/liposomal doxorubicin • Paclitaxel weekly/carboplatin every 3 weeks ⁹ • Docetaxel/carboplatin/bevacizumab + maintenance bevacizumab (GOG-218)	Useful in Certain Circumstances • Paclitaxel/cisplatin • Docetaxel/oxaliplatin/bevacizumab + maintenance bevacizumab
Low-grade serous/Grade I endometrioid^{d,e,f}	Preferred Regimens • Paclitaxel/carboplatin every 3 weeks ^{9,h} ± maintenance letrozole (category 2B) or other hormonal therapy (category 2B) • Paclitaxel/carboplatin/bevacizumab + maintenance bevacizumab ⁹ (ICON-7 & GOG-218) • Hormone therapy (aromatase inhibitors: anastrozole, letrozole, exemestane) (category 2B)	Other Recommended Regimens • Paclitaxel weekly/carboplatin weekly ^{2,h,k} • Docetaxel/carboplatin ± maintenance letrozole (category 2B) or other hormonal therapy (category 2B) • Carboplatin/liposomal doxorubicin ± maintenance letrozole (category 2B) or other hormonal therapy (category 2B) • Paclitaxel weekly/carboplatin every 3 weeks ⁹ • Docetaxel/carboplatin/bevacizumab + maintenance bevacizumab (GOG-218) • Hormone therapy (leuprolide acetate, goserelin acetate, tamoxifen, fulvestrant) (category 2B)	Useful in Certain Circumstances • Paclitaxel/cisplatin • Docetaxel/oxaliplatin/bevacizumab + maintenance bevacizumab (category 2B)

[Primary Systemic Therapy Dosing \(OV-C, 7 of 12\)](#)



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Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer

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[Primary Systemic Therapy Dosing \(OV-C, 7 of 12\)](#)