UnitedHealthcare Community Plan

UnitedHealthcare Community Plan Pharmacy & Therapeutics Committee Tally

Meeting Date: September 14, 2023 Location: Via conference call/Teams

Agenda Item leeting called to order	Speaker G. Shutzberg	Recommendation 5:02 PM EST	Conclusions/ Recommendations	Vote
. Minutes from previous neetings	G. Shutzberg	Review of Minutes from June 8, 2023	Minutes reviewed, approved	Yes
Conflict of Interest Training	S. Washington	Confirm Review of Conflict of Interest Training	COI reviewed, completed	Yes
Mental Health Parity Training	B. Wombles	Confirm Review of Mental Health Parity Training	MHP reviewed, completed	Yes
Formulary Review - New ugs	M. Reisman	Airsupra		
		Recommendation: Non-preferred with prior authorization across all applicable lines of 	Motion made, seconded, and carried to accept	7:0
	M. Reisman	business Breyna Recommendation:	recommendation	
		 Preferred with prior authorization across all applicable lines of business 	Motion made, seconded, and carried to accept recommendation	7:0
	M. Reisman	Joenja Recommendation:	Motion made, seconded,	
		 Non-preferred with prior authorization across all applicable lines of business 	and carried to accept recommendation	7:0
		Daybue Recommendation:	Motion made, seconded,	7.0
		Non-preferred with prior authorization across all applicable lines of business Filspari	and carried to accept recommendation	7:0
	0. 0103301	 Recommendation: Non-preferred with prior authorization across all applicable lines of 	Motion made, seconded, and carried to accept	7:0
	C. Blosser	business Lumryz	recommendation	
		Recommendation: • Non-preferred with prior authorization across all applicable lines of	Motion made, seconded, and carried to accept	7:0
		business Paxlovid	recommendation	
		Recommendation: Preferred across all applicable lines of business 	Motion made, seconded, and carried to accept recommendation	7:0
		Skyclarys Recommendation:	Motion made, seconded,	
		 Non-preferred with prior authorization across all applicable lines of business 	and carried to accept recommendation	7:0
	M. Reisman	Uzedy Recommendation:	Motion made, seconded,	
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	M. Reisman	Abilify Asimtufii Recommendation: • Non-preferred with prior authorization across all applicable lines of	Motion made, seconded, and carried to accept	7:0
		Non-preferred with prior authorization across all applicable lines of business Veozah	and carried to accept recommendation	7:0
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	C. Blosser	business Vowst	recommendation	
		Recommendation: • Non-preferred with prior authorization across all applicable lines of	Motion made, seconded, and carried to accept	7:0
		business Dr. Fitzhugh asked how does Veozah effiacy compare to that of SSRIs?	recommendation	
		There have not been comparison trials to date to compare it to the other treatment options. According to consultants, Veozah did seem to be more effective than SSRIs and SNRIs with reducing VMS symptoms.		
		However it is difficult to compare the two of them because a study has not been conducted to evaluate the difference in efficacy between the		
		therapies. Zavzpret		
		Recommendation:	Motion made, seconded,	
				7:0
			and carried to accept recommendation	7:0
	C. Blosser	 Non-preferred with prior authorization across all applicable lines of business Confirm Review of PDL Modifications Grid 	and carried to accept	7:0 Yes
	C. Blosser	 Non-preferred with prior authorization across all applicable lines of business 	and carried to accept recommendation	
	C. Blosser	 Non-preferred with prior authorization across all applicable lines of business Confirm Review of PDL Modifications Grid Basaglar (insulin glargine) pen Recommendation: Non-preferred with prior authorization across all applicable lines of business Insulin Glargine-yfgn (Semglee AG) vial and pen 	and carried to accept recommendation Yes/No Motion made, seconded, and carried to accept recommendation	Yes
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	C. Blosser	 Non-preferred with prior authorization across all applicable lines of business Confirm Review of PDL Modifications Grid Basaglar (insulin glargine) pen Recommendation: Non-preferred with prior authorization across all applicable lines of business Insulin Glargine-yfgn (Semglee AG) vial and pen Recommendation: Non-preferred with prior authorization across all applicable lines of business Recommendation: Non-preferred with prior authorization across all applicable lines of business Recommendation: Preferred for NY EPP only Lantus vial Recommendation: Preferred for NY EPP only 	and carried to accept recommendation Yes/No Motion made, seconded, and carried to accept recommendation Motion made, seconded, and carried to accept recommendation Motion made, seconded, and carried to accept recommendation	Yes 7:0 7:0
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Formulary Review - PDL odifications	C. Blosser	 Non-preferred with prior authorization across all applicable lines of business Confirm Review of PDL Modifications Grid Basaglar (insulin glargine) pen Recommendation: Non-preferred with prior authorization across all applicable lines of business Insulin Glargine-yfgn (Semglee AG) vial and pen Recommendation: 	and carried to accept recommendation Yes/No Motion made, seconded, and carried to accept recommendation Motion made, seconded, and carried to accept recommendation	Yes 7:0 7:0 7:0 7:0 7:0 7:0 7:0 7:0
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1	Victora (three pack)		
	Victoza (three-pack) Recommendation: • Preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	7:0
	Rybelsus Recommendation: • Preferred with prior authorization across all applicable lines of business Ozempic	Motion made, seconded, and carried to accept recommendation	7:0
	Recommendation: Preferred with prior authorization across all applicable lines of 	Motion made, seconded, and carried to accept recommendation	7:0
	business Mounjaro Recommendation: • Preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	7:0
	Trulicity Recommendation: • Non-preferred with prior authorization across all applicable lines of the prior authorization across all applicable lines of the prior across ac		7:0
	business Victoza (two-pack and three-pack) Recommendation: • Preferred with prior authorization for NY EPP only	Motion made, seconded, and carried to accept recommendation	7:0
	Mounjaro Recommendation: • Preferred with prior authorization for NY EPP only	Motion made, seconded, and carried to accept	7:0
	Ozempic Recommendation: • Preferred with prior authorization for NY EPP only	Motion made, seconded, and carried to accept recommendation	7:0
	Rybelsus Recommendation: • Preferred with prior authorization for NY EPP only	Motion made, seconded, and carried to accept	7:0
M. Re	man Recommendation:	recommendation	
	 Amphetamine and Methylphenidate-based stimulants (amphetamine/dextroamphetamine salts (generic Adderall), amphetamine/dextroamphetamine salts extended-release (generic Adderall XR), dextroamphetamine IR tablet (generic Dexedrine), dextroamphetamine extended-release capsule 24 HR (generic Dexedrine Spansule), dexmethylphenidate IR tab (generic Focalin), dexmethylphenidate ER capsule (generic Focalin XR), methylphenidate ER tablet (generic Concerta), generic Ritalin L 20mg, 30mg, 40mg), methylphenidate SR (generic Metadate ER) methylphenidate (generic Ritalin), methylphenidate CD (generic Metadate CD): Move to preferred for members under 18 across all applicable lines of business 	Motion made, seconded, and carried to accept recommendation A	7:0
	Recommendation: • Lisdexamfetamine capsules (generic Vyvanse): Move to preferr with prior authorization for all applicable lines of business	ed Motion made, seconded, and carried to accept recommendation	7:0
	 Recommendation: Lisdexamfetamine chewable tablets (generic Vyvanse): Move t non-preferred with prior authorization across all applicable lines of business 	o Motion made, seconded, and carried to accept recommendation	7:0
	Recommendation: • Colchicine oral tablet (generic Colcrys): Move to preferred acros all applicable lines of business Recommendation:	Motion made, seconded, and carried to accept recommendation Motion made, seconded,	7:0
	 Mitigare oral capsule: Move to non-preferred with prior authorizat across all applicable lines of business Recommendation: 		7:0
	• Ranolazine ER oral tablet (generic Ranexa): Move to preferred across all applicable lines of business	and carried to accept recommendation	7:0
	 Recommendation: Fenofibrate Micronized oral capsule (generic Tricor) 67mg, 134mg, 200mg: Move to preferred across all applicable lines of business 	Motion made, seconded, and carried to accept recommendation	7:0
M. Re	 man Recommendation: Fenofibrate oral tablet (generic Tricor) 54mg, 145mg, 160mg: Move to preferred across all applicable lines of business 	Motion made, seconded, and carried to accept recommendation	7:0
	Recommendation: • Fenofibrate 48mg oral tablet (generic Tricor): Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	7:0
	Recommendation: • Norethindrone-ethinyl estradiol FE 1 mg-20 mcg oral tablet (Blisolvi 24 FE, Hailey 24 Fe, Larin 24 Fe, Junel Fe 24, Aurovela 2 FE, Microgestin 24 FE, Tarina 24 FE): Move to preferred across all applicable lines of business Recommendation:		7:0
	 Norethindrone-ethinyl estradiol FE 1mg- 20mcg chewable tabl (Charlotte 24 FE, Mibelas 24 FE, Finzala) (generic Minastrin 24 F Move to preferred across all applicable lines of business 	land carried to accept	7:0
	Recommendation: • Norgestimate-ethinyl estradiol 0.18-25/0.215-25/0.25-25 mg-mc oral tablet (Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Vylibra LO) (gene Ortho Tri Cyclen Lo): Move to preferred across all applicable lines business	ric and carried to accept	7:0
	Recommendation: • Drospirenone-ethinyl estradiol 3-0.03 mg oral tablet (Ocella, Syeda, Zarah, Zumandimine) (generic Yasmin 28): Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	7:0
	Recommendation: • Drospirenone-ethinyl estradiol 3-0.02 mg oral tablet (Jasmiel, Loryna, Nikki, Vestura, Lo-Zumandimine) (generic Yaz): Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	7:0
	Recommendation: • Levonorgesterol-ethinyl estradiol 0.15-0.03mg (84) & ethinyl estradiol 0.01mg (7) oral tablet (Jamiess, Ashlyna, Daysee, Simpesse, Camrese, Amethia) (generic Seasonique): Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	7:0
	Recommendation: • Levonorgesterol-ethinyl estradiol 0.1-0.02mg (84) & ethinyl estradiol 0.01mg (7) oral tablet (Camrese LO, LoJamiess) (gener LoSeasonique): Move to preferred across all applicable lines of business	ric Motion made, seconded, and carried to accept recommendation	7:0
	Recommendation: • Norethindrone-ethinyl estradiol FE 0.4 mg-35 mcg chewable tablet (Wymzya FE): Move to preferred across all applicable lines of business	recommendation	7:0
	Recommendation: • Amoxicillin 500mg oral tablet: Move to preferred across all applicable lines of business Recommendation:	Motion made, seconded, and carried to accept recommendation Motion made, seconded,	7:0
	Cefpodoxime oral tablet: Move to preferred across all applicable lines of business Recommendation:	and carried to accept recommendation	7:0
	 Recommendation: Calcium acetate oral capsule (generic PhosLo): Move to preferr across all applicable lines of business Recommendation: 	Motion made, seconded, and carried to accept recommendation Motion made, seconded,	7:0
	Metoprolol Tartrate oral tablet (37.5mg, 75mg): Move to preferre across all applicable lines of business Recommendation:		7:0
	Saxagliptin oral tablet (generic Onglyza): Move to preferred acro all applicable lines of business Recommendation:	bss and carried to accept recommendation Motion made, seconded,	7:0
	Nitro-Dur transdermal patch: Move to non-preferred with prior authorization across all applicable lines of business Recommendation:	and carried to accept recommendation Motion made, seconded,	7:0
	Cephalexin 750mg oral capsule: Move to non-preferred with prior authorization across all applicable lines of business		7:0



lines of business Lamzede Recommendation: Medical benefit with prior authorization required across all applicable lines of business Syfovre Recommendation: Medical benefit with prior authorization required across all applicable lines of business Rezzayo Recommendation: Medical benefit across all applicable lines of business Zynyz Recommendation: Medical benefit with prior authorization required across all applicable lines of business Zynyz Recommendation: Medical benefit with prior authorization required across all applicable lines of business Rezayo Recommendation: Medical benefit with prior authorization required across all applicable lines of business Recommendation: Recommendation: Recommendation:	Motion made, seconded, and carried to accept recommendation Motion made, seconded, and carried to accept recommendation	7:0 7:0 7:0 7:0 Yes 7:0 7:0 7:0 7:0 7:0 7:0
Recommendation: Lanreotide injection: Move to non-preferred with prior authorization across all applicable lines of business Recommendation: Ziextenzo injection: Move to non-preferred with prior authorization across all applicable lines of business Recommendation: Udenyca injection: Move to preferred with prior authorization across all applicable lines of business Confirm Review of New Drugs- Medical Grid Adstiladrin Recommendation: Medical benefit with prior authorization required across all applicable lines of business Lamzede Recommendation: Medical benefit with prior authorization required across all applicable lines of business Syfovre Recommendation: Medical benefit with prior authorization required across all applicable lines of business Syfovre Recommendation: Medical benefit with prior authorization required across all applicable lines of business Syfovre Recommendation: Medical benefit with prior authorization required across all applicable lines of business Syfovre Recommendation: Medical benefit with prior authorization required across all applicable lines of business Syfovre Recommendation: Medical benefit with prior authorization required across all applicable lines of business Syfovre Recommendation: Medical benefit with prior authorization required across all applicable lines of business Syfovre Recommendation: Medical benefit with prior authorization required across all applicable lines of business Synyz Recommendation: Medical benefit with prior authorization required across all applicable lines of business Calsody Recommendation: Medical benefit with prior authorization required across all applicable lines of business Calsody Recommendation: Medical benefit with prior authorization required across all applicable lines of business Calsody Recommendation: Medical benefit with prior authorization required across all applicable lines of business Calsody Recommendation: Medical benefit with prior authorization req	and carried to accept recommendationMotion made, seconded, and carried to accept recommendationMotion made, seconded, and carried to accept recommendationYes/NoMotion made, seconded, and carried to accept recommendationMotion made, seconded, and carried to accept recommendation	7:0 7:0 Yes 7:0 7:0 7:0 7:0 7:0
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Apply recommendations as outlined in grid		
	recommendation	7:0
Clinical Guideline Review		
Apply New Pharmacy Guidelines	Motion made, seconded, and carried to accept recommendation	7:0
Continue to Apply Pharmacy Guidelines Requiring Modifications	Motion made, seconded, and carried to accept recommendation	7:0
Remove Pharmacy Guidelines Requiring Archival	Motion made, seconded, and carried to accept recommendation	7:0
Confirm Review of Quality Data	Yes/No	Yes
DUR Review		
Drug Recalls – 2nd Quarter 2023		
Inter-Rater Reliability (IRR) – 2nd Quarter 2023 • Pharmacists		
6:51 PM EST		
- -	Confirm Review of Quality Data DUR Review Drug Recalls – 2nd Quarter 2023 Top 25 Drugs by Spend and Volume – 2nd Quarter 2023 Top 10 Drugs Requested - Approvals and Denials – 2nd Quarter 2023 Grievances and Appeals Data – 2nd Quarter 2023 nter-Rater Reliability (IRR) – 2nd Quarter 2023 Pharmacists	Remove Pharmacy Guidelines Requiring Archival Motion made, seconded, and carried to accept recommendation Confirm Review of Quality Data Yes/No DUR Review Yes/No Drug Recalls – 2nd Quarter 2023 Provide and Volume – 2nd Quarter 2023 Top 25 Drugs by Spend and Volume – 2nd Quarter 2023 Provide and Provals and Denials – 2nd Quarter 2023 Grievances and Appeals Data – 2nd Quarter 2023 Provide and Provals and Denials – 2nd Quarter 2023 Inter-Rater Reliability (IRR) – 2nd Quarter 2023 Provide and Provals

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