

UnitedHealthcare Community Plan Pharmacy & Therapeutics Committee Minutes

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

Agenda Item	Speaker	Recommendation	Conclusions/Recommendations	Vote
Meeting called to order			5:01 PM EST	
A. Minutes from previous meetings		Review of Minutes from September 11, 2025	Minutes reviewed, approved	Yes
B. Hot Topic		Mental Health Parity Training		Non-voting item
C. Formulary Review - New Drugs		Anzupgo Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Brinsupri Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Harliku Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Andembry Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Ekterly Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Modeyso Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Hernexeos Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Ibtrozi Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Vitrakvi Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Yeztugo oral tablet Recommendation: • Preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Yeztugo subcutaneous injection Recommendation: • Medical Benefit across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
	Comment:	Dr. [REDACTED] asked if the first dose has to be both injected and oral. [REDACTED] confirmed that this is correct. The rationale is to ensure coverage and expedite medication absorption through oral therapy while awaiting the onset of action from the subcutaneous treatment.		
		Sephience Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Tryptyr Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Vizz Recommendation: • Non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
D. Formulary Review - PDL Modifications		Confirm Review of PDL Modifications Grid	Yes/No	Yes
		Recommendation: • Varenicline : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Brand Harvoni - NY EPP ONLY : Move to non-preferred with prior authorization for the NY EPP market only	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Brand Eplclusa - NY EPP ONLY : Move to non-preferred with prior authorization for the NY EPP market only	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Tetrabenzazine : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Elmiron : Move to non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Tranexamic acid : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Lacosamide : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Eplerenone : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Erythromycin DR 250mg : Move to non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Tegsedi : Move to non-preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Wainua : Move to preferred with prior authorization across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Erlotinib : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Recommendation: • Gefitinib : Move to preferred across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0

Agenda Item	Speaker	Recommendation	Conclusions/Recommendations	Vote
E. Formulary Review - New Drugs- Medical		Confirm Review of New Drugs- Medical Grid	Yes/No	Yes
		Enflonia Recommendation: • Medical benefit across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Comment: Dr. [REDACTED] asked whether there is any available comparison to Beyfortus, including cost analysis. He noted that Synagis is no longer considered the standard of care and asked if the indication extends up to one year of age. Additionally, Dr. [REDACTED] inquired whether this represents the primary difference between the current therapy and Beyfortus. [REDACTED] stated that Beyfortus is approved for children up to 24 months of age who remain at risk for severe RSV disease, providing a broader age range compared to other options. She noted that there are no direct comparisons between Enflonia and Beyfortus. According to the latest AAP guidance reviewed yesterday, the recommendation is to use whichever product is accessible to the patient, with no stated preference between the two. Additionally, Synagis will no longer be available after the end of the year. [REDACTED] also confirmed that pricing for Beyfortus and Enflonia is comparable, at approximately \$550-\$600 per dose for both medications. The only exception is that Beyfortus may require a second dose for patients entering a second RSV season. Overall, the cost difference between the two products is minimal.		
		Lynozytic Recommendation: • Medical benefit with prior authorization required across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Zevaskyn Recommendation: • Medical benefit with prior authorization required across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
		Zusduri Recommendation: • Medical benefit with prior authorization required across all applicable lines of business	Motion made, seconded, and carried to accept recommendation	8:0
F. Formulary Review - Drugs Evaluated Per Grid		Apply recommendations as outlined in grid	Motion made, seconded, and carried to accept recommendation	8:0
G. Clinical Guidelines		Clinical Guideline Review	Yes/No	Yes
		Apply New Pharmacy Guidelines	Motion made, seconded, and carried to accept recommendation	8:0
		Continue to Apply Pharmacy Guidelines Requiring Modifications	Motion made, seconded, and carried to accept recommendation	8:0
		Remove Pharmacy Guidelines Requiring Archival	Motion made, seconded, and carried to accept recommendation	8:0
H. Annual PDL Ratification		Approve Preferred Drug Lists (PDLs) for each market, including the Wrap Plan File	Motion made, seconded, and carried to accept recommendation	8:0
I. Quality Monitoring		Confirm Review of Quality Data	Yes/No	Yes
		DUR Review		
		Drug Recalls – 3rd Quarter 2025		
		Top 25 Drugs by Spend and Volume – 3rd Quarter 2025		
		Top 10 Drugs Requested - Approvals and Denials – 3rd Quarter 2025		
		Grievances and Appeals Data – 3rd Quarter 2025		
		Inter-Rater Reliability (IRR) – 3rd Quarter 2025 • Pharmacists		
		Inter-Rater Reliability (IRR) – 4th Quarter 2025 • Medical Directors		
Adjournment			7:03 PM EST	
Proposed 2026 P&T Dates: Please mark if you have any conflicts or concerns with the following dates.				
March 5th				
June 4th				
September 17th				
December 10th				
Respectfully Submitted to the Committee,				
[REDACTED]				
[REDACTED] M.S.I.A., R.Ph. Chief Pharmacy Officer, UHC C&S				