

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515

September 13, 2022

Brian Thompson  
Chief Executive Officer  
UnitedHealthcare  
P.O. Box 1459  
Minneapolis, MN 55440

Anne Docimo, M.D.  
Chief Medical Officer  
UnitedHealthcare  
P.O. Box 1459  
Minneapolis, MN 55440

Dear Mr. Thompson and Dr. Docimo:

We are writing to express our concerns with your instituted step-edit policy for antiemetic drugs used to combat chemotherapy-induced nausea and vomiting, or CINV. We have been consistently hearing about aggressive step therapy schemes that are putting our constituents suffering from cancer at an increased risk of experiencing horrific side effects, by first requiring oncologists to prescribe CINV drugs that they do not deem to be appropriate for certain treatment regimens. Most payers have removed such management policies regarding these anti-nausea drugs, correctly determining that a patient's oncologist should have the freedom to prescribe the product they feel will be most effective and best for the patient in conjunction with a specific chemotherapy regimen.

Cancer patients identify CINV as the most feared side effect of chemotherapy. It is detrimental not only to the patient's quality of life, but also to the treatment process. Improper handling of CINV can lead to delays in care, non-compliance with treatment, and costly visits to emergency departments and hospitalizations. Also, once a patient fails an antiemetic, as your policy requires, getting control of these side effects only becomes more difficult even following the introduction of more effective antiemetic drugs. All of these factors are extremely problematic especially when dealing with a life-threatening illness such as cancer.

According to internal data from Texas Oncology, certain CINV drugs have led to the reporting of lower nausea scores and fewer patients with higher nausea scores as compared to other alternatives. Particularly, this was seen in cases where more highly toxic chemotherapy regimens were used and when the patient was susceptible to delayed CINV. We have also been informed by practices across the country that the minimal difference in cost of these medications does not justify the increased risk of experiencing these negative outcomes. The decision of cost and the additional expenses a patient may incur should be made within in the scope of the doctor patient relationship.

This situation can be easily avoided by recognizing, as most payers have, that it is simply not safe or beneficial to implement aggressive step therapy protocols in this class of drugs. Our constituents already facing a devastating cancer diagnosis should not be further harmed by lack of access to recommended treatments. For all these reasons, we ask that you please review and reconsider this

policy that is having such a negative impact on cancer patients' care. Thank you for your consideration and we look forward to your prompt response.

Sincerely,



Diana Harshbarger, Pharm.D.  
Member of Congress



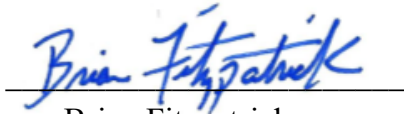
Cynthia Axne  
Member of Congress



Tim Burchett  
Member of Congress



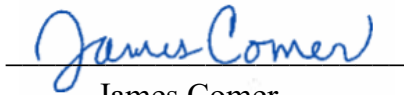
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Brian Fitzpatrick  
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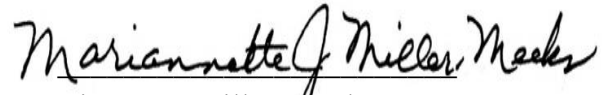
James Comer  
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James P. McGovern  
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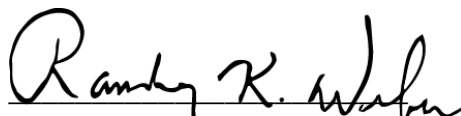
Fred Keller  
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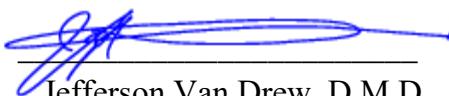
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Randy Weber  
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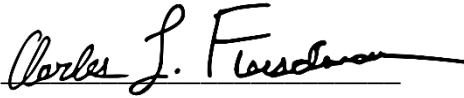
French Hill  
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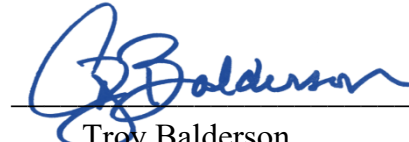
Ralph Norman  
Member of Congress



Michael Guest  
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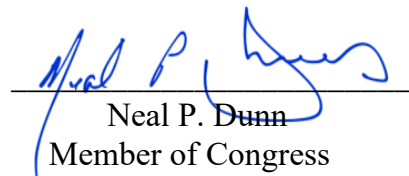
Chuck Fleischmann  
Member of Congress



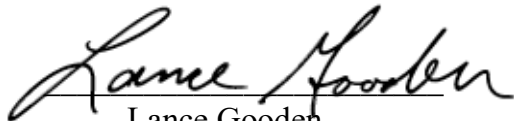
Troy Balderson  
Member of Congress



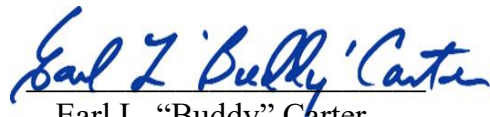
Lee Zeldin  
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