



Formulary Recommendations Report

The following report represents formulary recommendations from UAMS College of Pharmacy Evidence-Based Prescription Program (EBRx), the clinical consultants for Employee Benefits Division.

The Pharmacy and Therapeutics Committee is comprised of active healthcare providers (physicians and pharmacists) who routinely provide care for EBD members.

Brand	Generic	Use	Recommendation	Rationale	Member Impact
Previously covered drugs (re-review)					
Arcalyst	rilonacept	Inflammation reduction in rare diseases	Cover with Prior Authorization	New published data	Low impact: no current utilizers
Pegasys	Peginterferon	Blood irregularities	Retire Prior Authorization	Low frequency of requests combined with high approval rate	Low impact: no current utilizers

Lokelma	zirconium cyclosilicate	High potassium levels	Cover with Prior Authorization	New published data on kidney transplant patients	No impact on current utilizers
Keytruda	pembrolizumab	Various cancers (30 indications)	Retire Prior Authorization	Data supports clinical benefit	No impact on current utilizers
Leukine	sargramostim	Blood irregularities	Exclude	Other covered drugs performed better and are more convenient for patients	Low impact: no current utilizers
<u>Brand</u>	<u>Generic</u>	<u>Use</u>	<u>Recommendation</u>	<u>Rationale</u>	<u>Member Impact</u>
Non-specialty Drugs					
Ibsrela	tenapanor	Irritable bowel syndrome	Exclude	No clinical benefit over currently covered drugs	N/A- previously not covered (New to Market Drug)
Tarpeyo	budesonide	Autoimmune diseases	Exclude	No clinical benefit over currently covered drugs	N/A- previously not covered (New to Market Drug)
Apretude	cabotegravir	Viral infection	Exclude	No clinical benefit over currently covered drugs	N/A- previously not covered (New to Market Drug)

Quviviq	daridorexant	insomnia	Exclude	No clinical benefit over currently covered drugs	N/A- previously not covered (New to Market Drug)
Nalmefene	nalmefene	Reversal of opioid action	Exclude	No clinical benefit over currently covered drugs	N/A- previously not covered (New to Market Drug)
Vyvgart	efgartigimod	Myasthenia gravis	Exclude	Must be administered in healthcare facility (medical benefit drug)	N/A- previously not covered (New to Market Drug)
Paxlovid	Nirmatrelvir/ritonavir	COVID-19	Cover	Data supports clinical benefit	N/A- previously not covered (New to Market Drug)
Leqvio	inclisiran	High cholesterol levels	Exclude	Lacks meaningful clinical endpoint data	N/A- previously not covered (New to Market Drug)
Livtency	Maribavir	Viral infection	Cover with prior authorization	Provides additional option for treatment of post-transplant cytomegalovirus infection	N/A- previously not covered (New to Market Drug)

<u>Brand</u>	<u>Generic</u>	<u>Use</u>	<u>Recommendation</u>	<u>Rationale</u>	<u>Member Impact</u>
Specialty Drugs					
Adbry	tralokinumab	Atopic dermatitis	Exclude	No clinical benefit over currently covered drugs	N/A- previously not covered (New to Market Drug)
Fyarro	Sirolimus	Pecoma reduction	Exclude	No clinical benefit over currently covered drugs	N/A- previously not covered (New to Market Drug)
Vabysmo	faricimab	Eye tissue disorder	Exclude	Must be administered in healthcare facility (medical benefit drug)	N/A- previously not covered (New to Market Drug)
Cibinqo	abrocitinib	Atopic dermatitis	Cover with Prior Authorization	Provides additional treatment option for atopic dermatitis	N/A- previously not covered (New to Market Drug)
Enjaymo	sutimlimab	Cold agglutinin disease	Exclude	Must be administered in healthcare facility (medical benefit drug)	N/A- previously not covered (New to Market Drug)
Pyrukynd	mitapivat	Hemolytic anemia	Cover with Prior Authorization	Provides additional option for treatment of hemolytic anemia	N/A- previously not covered (New to Market Drug)

Recorlev	levoketonazole	Cushing syndrome	Exclude	Drug's best support is from single arm trial data	N/A- previously not covered (New to Market Drug)
Tezspire	tezepelumab	Asthma	Exclude	Must be administered in healthcare facility (medical benefit drug)	N/A- previously not covered (New to Market Drug)
Vonjo	pacritinib	Blood irregularities	Cover with Prior Authorization	Provides additional option for treatment of myelofibrosis	N/A- previously not covered (New to Market Drug)
Vioice	alpelisib	Mutated cell overgrowth spectrum	Exclude	No clinical benefit over currently covered drugs	N/A- previously not covered (New to Market Drug)