



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.

*Medication Cost is calculated as Average Wholesale Price (AWP) to treat 1 member for 1 year of standard dose (for maintenance medications) and prescribed duration of treatment for acute care medications.

**Impacted Members field is applicable only to Pharmacy Benefit previously covered drugs (new-to-market drugs are excluded until review).

EBRx may recommend excluding drugs from coverage for a variety of reasons coded below:

1	Lacks meaningful clinical endpoint data; has shown efficacy for surrogate endpoints only.
2	Drug's best support is from single arm trial data
3	No information in recognized information sources (PubMed or Drug Facts & Comparisons or Lexicomp)
4	Convenience Kit Policy
5	Medical Food Policy
6	Cough & Cold Policy
7	Multivitamin Policy
8	Drug has limited medical benefit &/or lack of overall survival data or has overall survival data showing minimal benefit
9	Not medically necessary
10	Peer-reviewed, published cost effectiveness studies support the drug lacks value to the plan.
11	Oral Contraceptives Policy
12	Other
13	Insufficient clinical benefit OR alternative agent(s) available

Non-specialty Drugs						
<u>Brand</u>	<u>Generic</u>	<u>Use</u>	<u>Recommendation</u> <u>(exclusion code if</u> <u>applicable)</u>	<u>Rationale</u>	<u>Impacted</u> <u>Members**</u>	<u>Medication</u> <u>cost*</u>
Mounjaro	tirzepatide	Glycemic control in Type 2 Diabetes	Exclude code 13 (Pharmacy Benefit Drug)	Effective, but not better than already covered GLP1s (Trulicity, Victoza, Ozempic) and is not the lowest net cost product of GLP1 class (rebates)	New to market drug- no current utilization	\$14,030 (1 year)
Voquezna	Vonoprazan and Amoxicillin	Clarithromycin resistant Helicobacter pylori infection (causing gastric ulcers)	Cover with Prior Authorization (Pharmacy Benefit Drug)	Vonoprazan is a new chemical entity potassium-competitive acid blocker	New to market drug- no current utilization	\$1,218 (14 days)
Vtama	tapinarof	Plaque psoriasis (topical cream)	Exclude code 13 (Pharmacy Benefit Drug)	No clinical benefit over currently covered drugs. Covered alternatives: topical corticosteroids, tazarotene, calcipotriene.	New to market drug- no current utilization	\$19,080 (1 year)
Vivjoa	oteseconazole	Vulvovaginal candidiasis	Exclude code 13 (Pharmacy Benefit Drug)	No clinical benefit over currently covered drugs (fluconazole, ibrexafungerp)	New to market drug- no current utilization	\$1,800 (2 days)
Specialty Drugs						

<u>Brand</u>	<u>Generic</u>	<u>Use</u>	<u>Recommendation (exclusion code if applicable)</u>	<u>Rationale</u>	<u>Impacted Members**</u>	<u>Medication cost*</u>
Camzyos	mavacamten	Symptomatic heart failure in adults	Cover with Prior Authorization (Pharmacy Benefit Drug)	First-in-class selective allosteric inhibitor of cardiac myosin.	New to market drug- no current utilization	\$105,930 (1 year)
Camcevi	leuprolide	Advanced prostate cancer in adults	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit.	Must be administered in a healthcare facility (Medical benefit drug)	New to market drug- no current utilization	\$9,360 (1 year)
Amvuttra	vutrisiran	Polyneuropathy associated with hereditary transthyretin-mediated amyloidosis in adults	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit.	Must be administered in healthcare facility (medical benefit drug)	New to market drug- no current utilization	\$556,200 (1 year)
Ztalmy	ganaxolone	Treatment of seizures associated with CDKL5 deficiency disorder	Cover with Prior Authorization (Pharmacy Benefit Drug)	First pharmacological treatment option for CDHL5 deficiency Rett Syndrome. Ketogenic diet was the only previous recommendation for these patients.	New to market drug- no current utilization	\$342,792 (1 year)
Byooviz	ranibizumab-nuna	Macular degeneration (age related), macular edema, diabetic retinopathy	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit.	Must be administered in healthcare facility (medical benefit drug). This is a biosimilar to Lucentis.	New to market drug- no current utilization	\$16,272 (1 year)
Alymsys	Bevacizumab-maly	Various cancers. Alymsys is a 3 rd Avastin biosimilar to the market.	Exclude from pharmacy, code 12 (Medical Benefit Drug). Exclude on Medical Benefit.	Current covered biosimilar is Zirabev (\$5,888/ 28 days). Must be administered in healthcare facility (medical benefit drug).	New to market drug- no current utilization	\$6,899 (28 days)

Second review of Drugs						
<u>Brand</u>	<u>Generic</u>	<u>Use</u>	<u>Recommendation</u> (exclusion code if applicable)	<u>Rationale</u>	<u>Impacted Members**</u>	<u>Medication cost*</u>
Brukina	zanubrutinib	Mantle cell lymphoma and Waldenstrom's macroglobulinemia	Cover with Prior Authorization on Pharmacy Benefit (previously excluded)	Newly approved indications	0	\$201,552 (1 year)
Prevymis	letermovir	Cytomegalovirus prevention in hematopoietic stem cell transplant patients	Cover with Prior Authorization on Pharmacy Benefit (previously excluded)	New evidence published in 2022 showing improvement of overall survival	1 (positive impact)	\$28,442 (100 days)
Monjuvi	Tafasitamab-cxix	Relapsed or refractory diffuse large B-cell lymphoma	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit	New evidence published in 2022 showing improvement of overall survival	0	\$33,120 (1st cycle)
Tavalisse	fostamatinib	Immune thrombocytopenia	Cover with Prior Authorization on Pharmacy Benefit (previously excluded)	Need for 3 rd line therapy option after treatment failure	0	\$43,747 (12 weeks)
Mozobil	plerixafor	Hematopoietic stem cell mobilization	Retire Prior Authorization criteria through EBRx (coverage on Medical Benefit follows HA criteria)	Drug is a part of therapy protocols for non-Hodgkin lymphoma and multiple myeloma	0	\$37,284 (4 days)

Noxafil	posaconazole	Mucormycosis	Cover with Prior Authorization on Pharmacy Benefit (previously excluded)	Need for invasive mucormycosis coverage. This drug is an antifungal agent.	0	\$7,401 (30 days)
Cresemba	isavuconazonium	Mucormycosis	Cover with Prior Authorization on Pharmacy Benefit (previously excluded)	Need for invasive mucormycosis coverage. This drug is an antifungal agent.	1 (positive impact)	\$7,269 (30 days)
Ayvakit	avapritinib	Metastatic gastrointestinal stromal tumor	Cover with Prior Authorization on Pharmacy Benefit (previously excluded)	Need for 2 nd line therapy after imatinib treatment failure	1 (positive impact)	\$514,110 (1 year)
Doptelet	avatrombopag	Thrombocytopenia	Cover with Prior Authorization on Pharmacy Benefit (previously excluded)	Need coverage for liver disease-associated thrombocytopenia prior to procedure	1 (positive impact)	\$6,280 (5 days)
Uloric	febuxostat	Uricemia and gout; prevention of tumor lysis syndrome	Retire EBRx Prior Authorization criteria on Pharmacy Benefit	Introduction of generic competition has positively impacted the availability and cost of this drug	18 (positive impact)	\$479 (1 year)
Zytiga	abiraterone	Antiandrogen therapy in prostate cancer	Retire EBRx Prior Authorization criteria on Pharmacy Benefit	Introduction of generic competition has positively impacted the availability and cost of this drug	19 (positive impact)	\$4,320 (1 year)
Adcetris	brentuximab vedotin	Hodgkin lymphomas, anaplastic lymphomas, peripheral T-cell lymphoma, mycosis fungoides	Retire Prior Authorization criteria through EBRx (coverage on Medical Benefit)	Updated overall survival data available for first line Hodgkins Lymphoma- all FDA indications now covered removing	0	\$290,246 (maximum 12 doses)

			follows HA criteria)	necessity for an EBRx Prior Authorization.		
Veltassa	patiomer	Hyperkalemia	Cover with Prior Authorization on Pharmacy Benefit (previously excluded)	Need for hyperkalemia treatment in the setting of heart failure	0	\$18,845 (1 year)
Lokelma	Sodium zirconium cyclosilicate	Hyperkalemia	Retire EBRx Prior Authorization criteria on Pharmacy Benefit, instate quantity limit	Need for hyperkalemia treatment in the setting of constipation (sodium polystyrene sulfonate is contraindicated due to risk of intestinal necrosis).	0	\$10,650 (1 year)
Dibenzyl	phenoxybenzamine	Pheochromocytoma	Exclude code 13 (Pharmacy Benefit Drug, previously covered)	Preoperative alpha 1 receptor blockade has been shown to be achieved by doxazosin with similar results (\$218 per 2 weeks)	0	\$21,747 (2 weeks)
Brexafemme	ibrexafungerp	Vulvovaginal candidiasis (fluconazole resistance)	Cover with Prior Authorization (Pharmacy Benefit Drug)	Need for candidiasis treatment in the setting of fluconazole resistance	1	\$598 (2 days)
Thiola	tiopronin	Cystine nephrolithiasis	Cover with Prior Authorization, instate day supply limit (Pharmacy Benefit Drug, previously covered with no prior authorization)	Need for kidney stone prevention in members who are prone to cystine stones (tiopronin increases solubility)	1	\$121,860 (1 year)

Cosela	trilaciclib	Chemotherapy-induced myelosuppression	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit.	Must be administered in healthcare facility (medical benefit drug).	0	\$1,727 (1 chemotherapy cycle, dose based on Body Surface Area)
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