

EXHIBIT C1-a.**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 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)

#Rebate or coupon is applicable to this drug

∞Medically Administered Therapies which could cause significant financial toxicity to the Plan. EBRx recommends implementation of a medical risk management program for these medications.

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 (for example, medication/product falls under a different benefit such as Medical, Dental or Vision)
13	Insufficient clinical benefit OR alternative agent(s) available

Non-specialty Drugs							
<u>Brand</u>	<u>Generic</u>	<u>Date Drug considered by EBRx</u>	<u>Use</u>	<u>Recommendation (exclusion code if applicable)</u>	<u>Rationale</u>	<u>Impacted Members**</u>	<u>Medication cost*</u>
Auvelity	Dextromethorphan-bupropion	11/2022	Unipolar depressive disorder (adults only)	Exclude code 13 (Pharmacy Benefit Drug)	Auvelity (\$20.96 per tablet) is a new combination of currently covered generic medications (bupropion= \$0.25 per tablet) generic OTC Delsym (dextromethorphan)= \$10.19 per container @ Target). Cost of ingredients per month is \$38.07, resulting in yearly savings of \$14,843.96 per utilizer resulting from this exclusion	New to market drug- no current utilization	\$15,300.80 (1 year; twice a day tablet)
Xelstrym	Dextroamphetamine (patches)	12/2022	ADHD	Cover with quantity limit (Pharmacy Benefit Drug)	Xelstrym is a new dermal patch formulation of dextroamphetamine, safety and efficacy confirmed.	New to market drug- no current utilization	\$2,963.20 (one year)
Daxxify	daxibotulinumtoxinA	1/2023	Frown lines	Exclude code 9 (Pharmacy and Medical Benefit)	Daxxify is indicated for cosmetic use only.	New to market drug- no current utilization	Not available yet

Specialty Drugs							
<u>Brand</u>	<u>Generic</u>	<u>Date Drug considered by EBRx</u>	<u>Use</u>	<u>Recommendation (exclusion code if applicable)</u>	<u>Rationale</u>	<u>Impacted Members**</u>	<u>Medication cost*</u>
Relyvrio	Sodium phenylbutyrate- taurursodiol	11/2022	amyotrophic lateral sclerosis	Exclude code 10 (Pharmacy Benefit Drug)	Relyvrio is a combination of a nutritional supplement and an older drug Buphenyl used for urea cycle disorder. ALS is a Medicare-eligible diagnosis; drug lacks value.	New to market drug- no current utilization	\$169,000.00 (1 year)
Fylnetra	Pegfilgrastim-pbbk	11/2022	neutropenia	Exclude code 13 (Pharmacy and Medical Benefit Drug)	Fylnetra is a new interchangeable biosimilar to covered Fulphila (7 th biosimilar to reference drug Neulasta) at a cost ~20% higher than the current covered drug	New to market drug- no current utilization	\$5,000.00 [#] (one syringe)
Rolvedon	Eflapegrastim-xnst	11/2022	neutropenia	Exclude code 13 (Pharmacy and Medical Benefit Drug)	Rolvedon is a new non-interchangeable drug treating neutropenia with the same mechanism as Fulphila. Only studied in breast cancer.	New to market drug- no current utilization	\$9000.00 [#] (one syringe)
Lytgobi	Futibatinib	12/2022	certain choleangiocarcinomas	Cover with Prior Authorization (Pharmacy Benefit Drug)	Lytgobi provides 2 nd line oral option for treatment of FGFR2 inhtrahepatic choleangiocarcinoma. Great data on response rates and duration of response.	New to market drug- no current utilization	\$28,000 (1 month)
Tziel	Teplizumab-mzwv	12/2022	Delay onset of stage 3 Type 1 diabetes	Exclude code 10 (Pharmacy and Medical Benefit)	Tziel increases proportion of regulatory T cells in peripheral blood. No long-term efficacy and safety data; not cost effective	New to market drug- no current utilization	\$232,680.00 (5-day infusion course, drug only)

Elahere	Mirvetuximab soravtansine-gynx	12/2022	Ovarian, fallopian tube or primary peritoneal cancer	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit.	Elahere is administered intravenously and must be administered in a healthcare facility (medical benefit drug)	New to market drug- no current utilization	\$37,320 (1 dose weight based)
Tecvali	Teclistamab-cqyv	12/2022	Multiple myeloma	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit.	Tecvali provides 5 th line injectable option for treatment of relapsed or refractory multiple myeloma. According to clinical trial data it improves overall survival. Last resort to extend life of patients with that cancer.	New to market drug- no current utilization	\$33,952 (1 month)
Imjudo	Tremelimumab-actl	12/2022	Hepatocellular carcinoma or non-small cell lung cancer	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit.	Imjudo is a new drug included in liver and lung cancer treatment protocols. According to clinical trial data it improves overall survival.	New to market drug- no current utilization	\$46,800-58,500 (per dose, indication-dependent)
Rezlidhia	olutasidenib	1/2023	Acute myeloid leukemia	Exclude code 13 (Pharmacy and Benefit Drug)	Rezlidhia is a new drug treating acute myeloid leukemia with IDH1 mutations in the blood or bone marrow. Ivosidenib is a covered alternative.	New to market drug- no current utilization	\$463,680 (1 year)
Krazati	adagrasib	1/2023	Non-small cell lung cancer	Exclude code 13 (Pharmacy and Benefit Drug)	Krazati is a new drug treating mutated lung cancer. Sotorasib is a covered alternative.	New to market drug- no current utilization	\$284,400 (1 year)
Hemgenix	Etranacogene desparvovec	1/2023	Hemophilia B gene therapy	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Hemgenix is a new gene therapy product where patient's own hematopoietic stem cells are removed, modified and then infused	New to market drug- no current utilization	\$3,500,000 [∞] (gene therapy-once per lifetime)

					back to add functional copies of the missing gene.		
Stimufend	Pegfilgrastim-fpgk	1/2023	neutropenia	Exclude code 13 (Pharmacy and Medical Benefit Drug)	Stimufend is a new interchangeable biosimilar to covered Fulphila (8 th biosimilar to reference drug Neulasta) at a cost ~20% higher than the current covered drug	New to market drug- no current utilization	\$5,010# (one syringe)