

EXHIBIT C1-b.**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>
Nexobrid	Anacaulase-bcdb	02/2023	Eschar removal in burn patients	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit	Nexobrid is a new debridement alternative for thermal burn management applied by a healthcare professional. Expecting use in hospitalized burn patients only.	New to market drug- no current utilization	\$1,512.06 (22-gram vial for single use)
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>
Lunsumio	Mosunetuzumab-axgb	02/2023	Relapsed or refractory follicular lymphoma	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit	Lunsumio is administered intravenously and must be administered in a healthcare facility (medical benefit drug)	New to market drug- no current utilization	\$194,612 (8 treatment cycles)
Sunlenca	Lenacapavir sodium	02/2023	Treatment of HIV-1 infection in multidrug resistant populations	Cover in Specialty Drug Tier	Sunlenca is a new antiviral medication option available for treatment-experienced individuals in both oral tablets and subcutaneous injection form	New to market drug- no current utilization	\$48,018 (1 year)
Briumvi	Ublituximab-xiib	02/2023	Relapsing multiple sclerosis	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit	Briumvi is administered intravenously and must be administered in a healthcare facility (medical benefit drug). The Plan covers other MS therapies	New to market drug- no current utilization	\$70,800 (twice yearly maintenance)

Leqembi	Lecanemab-irmb	02/2023	Alzheimer disease	Exclude code 1,10 (Pharmacy and Medical Benefit Drug)	Leqembi CDR-SB did not reach clinical significance. No long-term efficacy and safety data; not cost effective per ICER report	New to market drug- no current utilization	\$27,826 (1 year)
Second Review 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>
Calquence	Acalabrutinib	2/2023	Chronic lymphocytic leukemia	Add coverage criteria for first line treatment of CLL in combination with obinutuzumab	Indirect comparisons of clinical trial data show acalabrutinib overall survival to be as good if not better than ibrutinib	<10 (6 utilizers in past 12 months)	\$12,503 (1 month)
Brukina	Zanubrutinib	2/2023	Chronic lymphocytic leukemia (new FDA indication)	Add coverage for first and second line treatment of CLL	In first line setting, zanubrutinib would offer oral monotherapy option that might be associated with less atrial fibrillation (AF) and serious adverse events (SAE) compared to ibrutinib. In second line setting, zanubrutinib appears to be as effective as ibrutinib with less AF and SAE than ibrutinib. Zanubrutinib is less expensive.	0 utilizers in past 12 months	\$17,384 (1 month)
Rybrevant	Amivantamab	2/2023	Lung cancer with certain genetic mutations	Remove from medical exclusion list, cover on Medical Benefit	The genetic mutations treated by this drug occur in about 2.2% of non-small cell lung cancers. New clinical trial data supports overall survival benefit of this clinic-administered drug.	0 utilizers in past 12 months	\$26,600 (1 month, >80kg)

Exkivity	Mobocertinib	2/2023	Lung cancer with certain genetic mutations	Remove from pharmacy exclusion list, cover with prior authorization on pharmacy benefit (specialty drug)	In updated clinical trial results, Exkivity was shown to extend length of life in patients with the rare genetic mutations of lung cancer.	0 utilizers in past 12 months	\$29,960 (1 month)
Jynarque	Tolvaptan	2/2023	Autosomal polycystic kidney disease	Continue to exclude code 1, 10	No benefit in clinical outcomes (eg. dialysis avoidance)	0 utilizers in past 12 months	\$286,313 (1 year)
Drug Delivery Products							
<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>
Omnipod 5	Not applicable-branded insulin pump device	N/A	On-body disposable insulin pump	Cover on Pharmacy Benefit	While traditionally insulin pumps are covered on the Medical Benefit through Durable Medical Equipment suppliers, the Omnipod 5 manufacturer Insulet has released this pump to be accessible only on pharmacy benefit. Omnipod 5 innovation is the seamless communication with continuous glucose monitor Dexcom that allows for automatic insulin adjustment based on the blood sugar level (artificial pancreas attempt). Adding this drug delivery device to be covered by pharmacy benefit is the only way to allow access to this product for EBD members and their dependents.	Expected >100 (insulin-dependent diabetics who require mealtime insulin)	\$684 (1 month Average Wholesale Price); Expecting ~\$430 net plan spend and \$80 copay