



## EXHIBIT C1-c.

### 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

Second Review of 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>
<b>Zyflo</b>	Zileuton	3/2023	asthma	Continue to exclude code 13 (Pharmacy Benefit Drug)	Zileuton performed similarly to montelukast in clinical trials.	N/A, excluded drug	\$47,041.20 (1 year; four times a day tablet)
<b>Palynziq</b>	Pegvaliase	3/2023	phenylketonuria	Continue to exclude code 1 (Pharmacy Benefit Drug)	Palynziq reduces blood phenylalanine levels, which is a surrogate endpoint.	N/A, excluded drug	\$257,982.00 (one year)
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>
<b>Amjevita</b>	Adalimumab-atto	03/2023	Autoimmune disease	Cover lowest net cost products in adalimumab category	Amjevita is the first biosimilar medication to Humira released to US markets. In other markets around the world, adalimumab biosimilars have gained a significant uptake.	New to market drug- no current utilization	\$3,945.89 <sup>#</sup> (one prefilled syringe)
<b>Jaypirca</b>	Pirtobrutinib	03/2023	Mantle cell lymphoma	Exclude code 1, 13 (Pharmacy Benefit Drug)	Jaypirca is a reversible Bruton tyrosine kinase inhibitor. Only studied in single arm trial with no comparators and trials only reported on response rates. Tecartus is a covered alternative.	New to market drug- no current utilization	\$306,000.00 (one year)

<b>Vegzelma</b>	Bevacizumab-adcd	03/2023	Excessive vascular endothelial growth	Exclude code 13 (Pharmacy and Medical Benefit Drug)	Vegzelma is a new biosimilar drug with the same mechanism as covered biosimilar Zirabev and originator product Avastin. Only studied in lung and colorectal cancer.	New to market drug- no current utilization	\$8,535.24 (one dose)
<b>Orserdu</b>	Elacestrant	03/2023	Breast cancer following endocrine therapy	Exclude code 1, 13 (Pharmacy Benefit Drug)	Orserdu is an estrogen receptor antagonist. Only studied in single arm trial with no comparators and trials only reported on response rates. Fulvestrant or aromatase inhibitors are covered alternatives.	New to market drug- no current utilization	\$25,642.00 (1 month)
<b>Lamzede</b>	Velmanase alfa-tycv	03/2023	Alpha-mannosidosis	Exclude code 1 (Pharmacy and Medical Benefit)	Velmanase alfa is a new enzyme replacement therapy. No long-term efficacy and safety data.	New to market drug- no current utilization	\$1,747,200 (1 year for 70kg person)
<b>Filspari</b>	Sparsentan	03/2023	Certain nephropathies	Exclude code 1, 13 (Pharmacy Benefit Drug)	Filspari is thought to show a limited benefit in proteinuria. The plan covers several medications with a similar mechanism of action, such as irbesartan.	New to market drug- no current utilization	\$144,540 (1 year)