

EXHIBIT C1-d.**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>
Brexafemme	ibrexafungerp	4/2023	Fungal infections	Continue to cover with Prior Authorization in fungal infection setting with fluconazole resistance	New indication for reduction in incidence of recurrent infection has been approved by FDA.	3 current utilizers	\$506 (acute treatment of an episode)
Cyramza	ramucirumab	4/2023	Colorectal, gastric, hepatocellular, lung cancer	Remove exclusion on Medical Master List (Medical Benefit Drug)	Cyramza is an intravenous infusion requiring clinic administration. No EBRx restrictions are applied to access this medication.	1 current utilizer	\$1631.30 (100mg)
Rytary	Carbidopa/levodopa extended release	4/2023	Restless leg syndrome, Parkinson's disease	Continue to exclude	Immediate release and controlled release tablets are covered in generic tier; Rytary still requires three-times-a-day dosing as other formulations do.	N/A, excluded drug	\$5,464.05 (one year)
Verzenio, Ibrance, Kisqali	Abemaciclib, palbociclib, ribociclib	4/2023	Breast cancer; Cyclin-dependent kinase inhibitor class	Add coverage of first line treatment of metastatic cancer (Pharmacy Benefit Drugs)	Palbociclib and abemaciclib clinical Prior Authorization criteria currently do not cover first line treatment of metastatic breast cancer.	N/A, adding new indication	\$235,803 Kisqali \$217,118 Ibrance \$209,287 Verzenio (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>
Altuviiio	Factor VIII, recombinant	04/2023	Hemophilia A	Exclude code 13 (Pharmacy Benefit). No EBRx restrictions on Medical Benefit.	Altuviiio is administered intravenously to treat acute bleeding episodes in adults and children with hemophilia A. From a baseline bleeding rate of 35 bleeds per year, Altuviiio mean annual bleeding rate was 0.71. Hemlibra is a treatment on pharmacy benefit with a yearly cost of \$826,092 that reduced the annual bleeding rate to 1.3/year.	New to market drug- no current utilization	\$1,297,353 (one year; bleeding prophylaxis dosing)
Skyclarys	Omaveloxolone	04/2023	Friedreich ataxia	Exclude code 1, 13 (Pharmacy Benefit Drug)	Skyclarys is the first drug on market treating Friedreich ataxia, but the clinical trials only report on surrogate endpoints and some results. Compared to placebo, the drug was either not statistically different or in some cases where it was statistically different, there was not a clinical difference from placebo.	New to market drug- no current utilization	\$450,000 (one year)
Daybue	Trofinetide	04/2023	Rett syndrome	Exclude code 1, 8 (Pharmacy Benefit Drug)	Daybue is a synthetic analog of a naturally occurring peptide that may be deficient in neurodevelopmental disease. Only surrogate endpoints were reported, no long-term safety and efficacy data.	New to market drug- no current utilization	\$1,184,986 (one year; weight based for 110lb+ patient)

Nonspecialty Drugs

Rezvoglar	Insulin glargine	04/2023	Diabetes	Cover lowest net cost product (Pharmacy Benefit Drug)	Eli Lilly's biosimilar Rezvoglar is a fourth branded insulin glargine product on the market, along Lantus, Basaglar and Semglee.	New to market drug- no current utilization	\$7.36 per mL of insulin
------------------	------------------	---------	----------	---	--	--	--------------------------