EXHIBIT D1d

| August 2024 EBD Medical Drug Recommendations | | | | | | | | | |
|--|---|----------------------|-------|---|---------------------------|------------------------------|--|--|--|
| Drug | Treating Diagnosis | EBRx Recommendation | НА | Cost | EBD Commission | Board of Finance Decision | | | |
| Actemra | Covid-19, Cytokine release syndrome, Giant cell arteritis, Kidney transplant, Neuromyelitis optica, Rheumatoid arthritis, Systemic sclerosis-associated interstitial lung disease | Exclude | | \$37,287 per year - \$49,717 per year based on diagnosis | Approve Recommendation | Approve Recommendation | | | |
| Adzynma | Congenital thrombotic thrombocytopenic purpura | Cover w/ PA | | Prophylaxis dose = \$307,320 per year | Approve Recommendation | Approve Recommendation | | | |
| Anktiva | Non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) | Exclude | | \$644,400 | Approve Recommendation | Approve Recommendation | | | |
| Aphexda | Multiple myeloma | Exclude | | \$14,160 (1 dose) / \$28,320 (2 doses) | Approve Recommendation | Approve Recommendation | | | |
| Beqvez | Gene therapy for Hemophilia B (Factor IX deficiency) | Exclude | | \$4.2 million | Approve Recommendation | Approve Recommendation | | | |
| Elrexfio | Relapsed or refractory multiple myeloma | Cover w/ PA | | \$566,232 per year | Approve Recommendation | Approve Recommendation | | | |
| Focinvez | Acute and delayed nausea and vomiting with chemotherapy | Exclude | | \$549 per vial | Approve Recommendation | Approve Recommendation | | | |
| Imdelltra | Accelerated FDA approval for extensive stage small cell lung cancer | Cover w/ PA | | \$469,800 per year | Approve Recommendation | Approve Recommendation | | | |
| Izervay | Intravitreal injection for geographic atrophy secondary to age-related macular degeneration | Exclude | | \$60,480 for both eyes per year | Approve Recommendation | Approve Recommendation | | | |
| Jemperli | Endometrial cancer, solid tumors | Cover w/ PA | | \$15,764 per month | Approve Recommendation | Approve Recommendation | | | |
| Loqtorzi | Nasopharyngeal carcinoma | Cover w/ PA | | \$14,266 - \$21,340 per 28 day | Approve Recommendation | Approve Recommendation | | | |
| Mresvia | RSV vaccine | No EBRx restrictions | Cover | \$348 for lifetime dose | Approve Recommendation | Approve Recommendation | | | |
| Pemgarda | EUA for pre-exposure prophylaxis of Covid-19 | Exclude | | \$6,930 per dose | Approve Recommendation | Approve Recommendation | | | |
| Penbraya | Mening ACYW + B vaccine | No EBRx restrictions | Cover | 2 dose series = \$553.50 | Approve Recommendation | Approve Recommendation | | | |
| Rystiggo | Generalized myasthenia gravis AChR(+) or MuSK(+) | Cover w/ PA | | \$43,560 per 6 week cycle. | Approve Recommendation | Approve Recommendation | | | |
| Rytelo | Myelodysplastic syndromes with transfusion dependent anemia | Cover w/ PA | | \$35,582 per 28 days | Approve Recommendation | Approve Recommendation | | | |

| Drug | Treating Diagnosis | EBRx Recommendation | НА | Cost | EBD Commission Decision | Board of Finance Decision |
|-----------|--|---------------------------|-----------------|---|----------------------------|------------------------------|
| Talvey | Relapsed or refractory multiple myeloma | Cover w/ PA | | \$599,532 per year | Approve Recommendation | Approve Recommendation |
| Tecvayli | Relapsed or refractory multiple myeloma | Cover w/ PA | | \$513,352 per year | Approve Recommendation | Approve Recommendation |
| Tofidence | Rheumatoid arthritis, giant cell arteritis, polyarticular juvenile idiopathic arthritis, systemic juvenile idiopathic arthritis. | Exclude | | \$27,495 per year - \$36,660 per year based on diagnosis | Approve Recommendation | Approve Recommendation |
| Tyenne | Rheumatoid arthritis, giant cell arteritis, polyarticular juvenile idiopathic arthritis, systemic juvenile idiopathic arthritis. | Cover IV tocilizumab w/PA | | \$27,495 per year - \$36,660 per year based on diagnosis | Approve Recommendation | Approve Recommendation |
| Winrevair | Pulmonary Arterial Hypertension | Exclude | | \$291,200 per year | Approve Recommendation | Approve Recommendation |
| Xacduro | Hospital acquired pneumonia + Acinetobacter baumanni-calcoaceticus complex | No EBRx restrictions | Cover under DRG | \$190 per infusion. Varied frequency but <7 days. | Approve Recommendation | Approve Recommendation |
| Xiaflex | Peyronie disease | Cover w/PA | | Max dose of 4 cycles = \$63,210 | Approve Recommendation | Approve Recommendation |