

November 2025 Medical Drug Recommendations to EBD Commissions							
No.	Drug	Date Considered by Commissions	Treating Diagnosis	EBD Recommendation from EBRx	Affected Members	Cost (AWP unless otherwise mentioned)	Change
1	Imaavy (nipocalimab-AAHU 1200mg/6.5mL for IV)	11/4/25	Generalized Myasthenia Gravis	EBRx PA	0	\$14,976 per every two week treatment	NTM to EBRx PA
2	Emrelis (telisotuzumab vedotin-TLLV)	11/4/25	Locally advanced or metastatic, non-squamous non-small cell lung cancer (NSCLC)	EBRx PA	0	\$328,810 for 75kg patient and median duration of treatment.	NTM to EBRx PA
3	Lemtrada (alemtuzumab) 12mg/1.2mL single dose vial	11/4/25	Relapsing Remitting Multiple Sclerosis (RRMS)	EXCLUDE	0	\$178,465 for first treatment then \$107,079 for the second treatment 12 months after)	EBRx PA to Exclude
4	Bomyntra (denosumab-BNHT 120mg/1.7mL)	11/4/25	Multiple Myeloma	EXCLUDE	0	\$16,062 per 4 weeks \$208,806 per year	NTM to EXCLUDE
5	Conexence (denosumab-BNHT 60mg/mL)	11/4/25	Osteoporosis	EXCLUDE	0	\$2,183 every 6 months \$4,366 per year	NTM to EXCLUDE
6	Jobevne (bevacizumab-NWGD 25mg/mL vial	11/4/25	Metastatic colorectal cancer (mCRC)	EXCLUDE	0	\$7,616 ev 2 to 3 weeks \$129,472 per year	NTM to EXCLUDE
7	Lynozytic (linvoseltamab-GCPT)	11/4/25	Multiple Myeloma	EXCLUDE	0	\$22,560 per week for 13 weeks (\$293,280); then \$22,560 every two weeks	NTM to EXCLUDE
8	Afluria (FLU VACC TS 2025-26 (6 MOS UP))	11/4/25	Influenza Vaccine	Cover w \$0 Copay	0	\$26.76 per shot	NTM to Cover w \$0 Copay
9	Fluad (FLU VACC TS 2025-26 (65 UP) / MF59C/PF)	11/4/25	Influenza Vaccine	Cover w \$0 Copay	0	\$94.85 per shot	NTM to Cover w \$0 Copay
10	Fucelvax (FLU VACC TS 25-26 (6 MS UP) CELL)	11/4/25	Influenza Vaccine	Cover w \$0 Copay	0	\$52.10 per shot	NTM to Cover w \$0 Copay

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11	Flumist 2025-26 (FLU VACC TV LIVE 2025-26 (2-49 YRS))	11/4/25	Influenza Vaccine	Cover w \$0 Copay	0	\$31.28 per shot	NTM to Cover w \$0 Copay
12	Fluzone 2025-26 (FLU VACC TS2025-26 (6 MOS UP)/PF)	11/4/25	Influenza Vaccine	Cover w \$0 Copay	0	\$24.90 per shot	NTM to Cover w \$0 Copay
13	Fluzone HD 2025-26 (FLU VACC TS2025-26 (65 YR UP)/PF)	11/4/25	Influenza Vaccine	Cover w \$0 Copay	0	\$94.86 per shot	NTM to Cover w \$0 Copay
14	Flublok 25-26 (FLU VAC TV 2025-26 (18 YR UP)RCM/PF)	11/4/25	Influenza Vaccine	Cover w \$0 Copay	0	\$98.16 per shot	NTM to Cover w \$0 Copay
15	Penmenvy Men ABCWY (MENING A,C,Y,W DT-B 4 TYPE/PF)	11/4/25	Meningococcal Vaccine	Cover w \$0 Copay	0	\$300.75 for 2 shot treatment	NTM to Cover w \$0 Copay
16	Penmenvy Men ACWY (MENINGOC A,C,Y,W-135, DT-B CMP/PF)	11/4/25	Meningococcal Vaccine	Cover w \$0 Copay	0	\$300.75 for 2 shot treatment	NTM to Cover w \$0 Copay
17	Penmenvy Menb Component (N.MENING B NHBA, NADA, FHBP, QMV)	11/4/25	Meningococcal Vaccine	Cover w \$0 Copay	0	\$300.75 for 2 shot treatment	NTM to Cover w \$0 Copay
18	Egrifta WR (tesamorelin acetate 11.6mg kit)	11/4/25	Lipodystrophy	EXCLUDE	0	\$9,187.20 per month \$110,246.40 per year	NTM to EXCLUDE
19	Synagis (palivizumab)	11/4/25	RSV	EXCLUDE	0		Exclude on 12/31/25 due to discontinued
20	Papzimeos (zopapogene imadenovec-DRBA gene therapy	11/4/25	Recurrent Respiratory Papillomatosis	EXCLUDE	0	\$138,000 per shot \$522,000 for 12 week therapy	NTM to EXCLUDE

NTM = new to market, No EBRx Restrictions = coverage will fall under health advantage policy

PA will be managed by EBRx, If no change occurs then the drug was re-reviewed by EBRx clinical committee for new data but no change in coverage