

NOVEMBER 2022



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>
Tadliq	Tadalafil oral suspension	10/2022	Erectile dysfunction, pulmonary arterial hypertension	Exclude code 13 (Pharmacy Benefit Drug)	Tadliq (\$75.80 per 20mg) is a new formulation of a covered generic medication tadalafil (tablet 20mg \$0.56). Tadalafil tablets can be crushed to prepare a suspension.	New to market drug- no current utilization	\$27,667 (1 year; 20mg a day)
Entadfi	Finasteride-tadalafil	9/2022	Benign prostatic hyperplasia	Exclude code 13 (Pharmacy Benefit Drug)	Entadfi is a new combination of currently covered generic medications (finasteride= \$0.17 per tablet, tadalafil= \$0.09 per tablet). Yearly supply cost if taken separately is \$94.90.	New to market drug- no current utilization	\$1,387 (1 year)
Ryaltris	Olopatadine/mometasone	9/2022	Allergic rhinitis	Exclude code 13 (Pharmacy Benefit Drug)	Ryaltris is a new combination of currently covered generic medications (olopatadine= \$58.20 per container, generic OTC mometasone (Nasacort)= \$13.99 per container @ Target). Cost of ingredients: \$72.19	New to market drug- no current utilization	\$298.70 (1 container)
Ibsrela	Tenapanor	4/2022 Approved by Advisory Commission 8/2022	Irritable bowel syndrome	Exclude code 13 (Pharmacy Benefit Drug)	No clinical benefit over currently covered drugs; additional black box risk of serious dehydration alternatives: lubiprostone \$4809/year; linaclotide \$7067/year)	New to market drug- no current utilization	\$21,900 (1 year)

Tarpeyo	budesonide	3/2022; Approved by Advisory Commission 8/2022	Autoimmune diseases	Exclude code 13 (Pharmacy Benefit Drug)	No clinical benefit over currently covered drugs; Tarpeyo is a delayed- release reformulation of budesonide. Generic extended-release budesonide is \$1.09 per tablet. Yearly treatment cost with generic is \$1,183.	New to market drug- no current utilization	\$103,368 (1 year)
Quviviq	daridorexant	5/2022; Approved by Advisory Commission 8/2022	insomnia	Exclude code 13 (Pharmacy Benefit Drug)	Plan covers effective insomnia treatments. Generic zolpidem is \$0.10 per tablet (yearly treatment cost \$36.48).	New to market drug- no current utilization	\$6,580 (1 year)
Apretude	cabotegravir	4/2022; Approved by Advisory Commission 8/2022	Viral infection	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Apretude is injected intramuscularly by a healthcare provider. Plan covers effective oral treatments (emtricitabine/tenofovir: \$1.54 per tablet, \$562/ year)	New to market drug- no current utilization	\$10,360 (1 year)
Nalmefene	nalmefene	5/2022; Approved by Advisory Commission 8/2022	Reversal of opioid action (long acting)	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Nalmefene is administered intravenously. On pharmacy side, we cover intranasal naloxone (\$97 per two cartridges).	New to market drug- no current utilization	\$18 (one mg usage needs vary)
Vyvgart	efgartigimod	1/2022; Approved by Advisory Commission 8/2022	Myasthenia gravis	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Vyvgart is administered intravenously and must be administered in healthcare facility (medical benefit drug).	New to market drug- no current utilization	\$85,680 (1 cycle)
Leqvio	inclisiran	2/2022; Approved by Advisory Commission 8/2022	High cholesterol levels (in adjunction to	Exclude code 1 & 13 (Both Medical and Pharmacy Benefit)	The effect of Leqvio on cardiovascular disease and mortality has not been determined, the lab value is	New to market drug- no current	\$15,600 (1 st year)

			statin)		the only item measured in clinical trial. Leqvio has to be administered by a provider.	utilization	
Livtency	maribavir	1/2022; Approved by Advisory Commission 8/2022	Viral infection	Cover with Prior Authorization (Pharmacy Benefit Drug)	Livtency provides 3 rd line oral option for treatment of post-transplant cytomegalovirus infection before going to intravenous foscarnet (\$69,768 for an 8 week course)	New to market drug- no current utilization	\$56,758 (8 week course)

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>
Sotyku	deucravacitinib	10/2022	Plaque psoriasis	Exclude code 13 (Pharmacy Benefit Drug)	No clinical benefit over currently covered JAK inhibitors (Xeljanz, Rinvoq)	New to market drug- no current utilization	\$90,002 (1 year)
Xenpozyme	Olipudase alfa	10/2022	Acid sphingomyelinase deficiency	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Xenpozyme is administered intravenously and must be administered in a healthcare facility (medical benefit drug)	New to market drug- no current utilization	\$85,704 (1 dose)
Cimerli	Ranibizumab-eqrn	10/2022	Macular edema, degeneration, retinopathy	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Cimerli is a new interchangeable biosimilar to Lucentis (2 nd biosimilar to reference drug). Must be administered in healthcare facility (medical benefit drug).	New to market drug- no current utilization	\$19,584 (1 year)

Skysona	Elivaldogene autotemcel	10/2022	Cerebral adrenoleukodystrophy	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Skysona is a new gene therapy product where patient's own hematopoietic stem cells are removed, modified and then infused back to add functional copies of the missing gene.	New to market drug- no current utilization	\$3,600,000 [∞] (gene therapy- once per lifetime)
Spevigo	Spesolimab-sbzo	10/2022	Pustular psoriasis flares in adults	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Spevigo is administered IV and must be administered in a healthcare facility (medical benefit drug)	New to market drug- no current utilization	\$8,181.28 (1 dose)
Tascenso ODT	Fingolimod	9/2022	Multiple sclerosis	Exclude code 13 (Pharmacy Benefit Drug)	Tascenso orally disintegrating tablet is a new re-formulation of a branded medication Gilenya (\$389.64 per tablet). Yearly supply cost for Gilenya is \$142,218.	New to market drug- no current utilization	\$278,860 (1 year)
Radicava ORS	Edavarone	9/2022	Amyotrophic lateral sclerosis	Exclude code 10 (Pharmacy Benefit Drug)	Unknown clinical benefit (Minimal Clinically Important Difference not established); unknown duration of action; not cost effective per expert analysis at Institute for Clinical and Economic Review (\$11M/QALY)	New to market drug- no current utilization	\$169,725 (1 year)
Zynteglo	Betibeglogene autotemcel	9/2022	Beta thalassemia	Exclude from pharmacy, code 12 (Medical Benefit Drug). Cover on Medical Benefit.	Zynteglo is a new gene therapy product where patient's own hematopoietic stem cells are removed, modified and then infused back to add functional copies of the missing gene.	New to market drug- no current utilization	\$3,360,000 [∞] (gene therapy- once per lifetime)
Adbry	tralokinumab	2/2022; Approved by Advisory Commission 8/2022	Atopic dermatitis	Exclude code 10, code 13 (Pharmacy and Medical Benefit)	Less effective than currently covered treatments such as dupilumab	New to market drug- no current utilization	\$54,250 (1 st year)

Fyarro	Sirolimus	1/2022; Approved by Advisory Commission 8/2022	Pecoma reduction	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Fyarro is administered intravenously and must be administered in a healthcare facility (medical benefit drug)	New to market drug- no current utilization	\$46,525 (1 cycle)
Vabysmo	faricimab	3/2022; Approved by Advisory Commission 8/2022	Macular edema and macular degeneration	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Vabysmo is an intraocular injection and must be administered in a healthcare facility (medical benefit drug)	New to market drug- no current utilization	\$34,164 (1 year)
Cibinqo	abrocitinib	3/2022; Approved by Advisory Commission 8/2022	Atopic dermatitis	Cover with Prior Authorization (Pharmacy Benefit Drug)	Cibinqo tablets are a new last-resort option for refractory disease	New to market drug- no current utilization	\$70,762# (1 year)
Enjaymo	sutimlimab	3/2022; Approved by Advisory Commission 8/2022	Cold agglutinin disease	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Enjaymo is administered intravenously and must be administered in a healthcare facility (medical benefit drug)	New to market drug- no current utilization	\$319,085 (1 year)
Pyrukynd	mitapivat	4/2022; Approved by Advisory Commission 8/2022	Hemolytic anemia with pyruvate kinase deficiency	Cover with Prior Authorization (Pharmacy Benefit Drug)	Pyrukynd tablets increase pyruvate kinase activity, increasing red blood cell lifespan and lowering rate of hemolysis in hemolytic anemia	New to market drug- no current utilization	\$201,480 (1 year)
Recorlev	levoketonazole	2/2022; Approved by Advisory Commission 8/2022	Cushing syndrome	Exclude code 2, code 13 (Pharmacy Benefit Drug)	Recorlev is a ketoconazole derivative and its' data only consists of a single arm trial. Equivalent ketoconazole 6- month course is \$1,138	New to market drug- no current utilization	\$116,640 (6 month course)
Tezspire	tezepelumab	2/2022; Approved by Advisory Commission 8/2022	Asthma	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Tezspire must be administered in a healthcare facility per package insert (Medical Benefit drug)	New to market drug- no current utilization	\$52,320 (1 year)

Vonjo	pacritinib	4/2022; Approved by Advisory Commission 8/2022	Myelofibrosis with low platelet counts	Cover with Prior Authorization (Pharmacy Benefit Drug)	Vonjo is an oral capsule inhibiting JAK2 kinases in the setting of myelofibrosis. Ruxolitinib is currently covered for this condition but is not effective for platelets under 50,000/ μ L. Vonjo fills that gap in low platelet counts.	New to market drug- no current utilization	\$141,120# (6 month course)
Vijoice	alpelisib	5/2022; Approved by Advisory Commission 8/2022	Mutated cell overgrowth spectrum (a developmental disorder)	Exclude code 1 (Pharmacy Benefit Drug)	The single arm clinical trial has only measured target lesion volume, a surrogate endpoint with no survival or quality of life endpoints measured.	New to market drug- no current utilization	\$468,000 (1 year)

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>
Enhertu	Fam-trastuzumab deruxtecan	9/2022	Breast cancer, colorectal cancer, gastric cancer, non- small cell lung cancer	Retire Prior Authorization criteria through EBRx (coverage on Medical Benefit follows HA criteria)	Newly approved indications	4	\$12,463 (one cycle)
Vaxneuvance	Pneumococcal conjugate vaccine (15-valent)	9/2022	Pneumococcal disease prevention (pneumonia, bacteremia, meningitis, sinusitis, otitis)	Cover on pharmacy benefit (adults and children)	New pediatric FDA approval	~20,000 (estimated)	\$259.15

Empliciti	elotuzumab	9/2022;	Multiple Myeloma	Retire Prior Authorization criteria through EBRx (coverage on Medical Benefit follows HA criteria)	New evidence showing improvement of overall survival	0	\$5,771.15 (one dose, weight based on 70kg person)
Lutathera	Lutetium Lu 177 dotate	9/2022	Gastroenteropancreatic neuroendocrine tumors	Retire Prior Authorization criteria through EBRx (coverage on Medical Benefit follows HA criteria)	100% approval rate on EBRx Prior Authorization Criteria	4	\$127,824 (one dose)
Arcalyst	rilonacept	6/2022; Approved by Advisory Commission 8/2022	Inflammation reduction in rare diseases (cryopyrin-associated periodic syndromes)	Add Prior Authorization to Pharmacy Benefit	Arcalyst injection induces remission in cryopyrin-associated periodic syndromes, a rare hereditary inflammatory disorder causing episodes of systemic inflammatory attacks	No current utilizers on Pharmacy Benefit	\$263,191 (1 year)
Pegasys	Peginterferon alfa-2a	1/2022; Approved by Advisory Commission 8/2022	Chronic hepatitis B	Retire Prior Authorization criteria through EBRx (coverage on Medical Benefit follows HA criteria)	Low frequency of requests combined with high approval rate	No current utilizers on Pharmacy Benefit	\$58,837 (48-week course)
Lokelma	Sodium zirconium cyclosilicate	2/2022; Approved by Advisory Commission 8/2022	Hyperkalemia	Cover with a Quantity Limit on Pharmacy Benefit	New published data supports use in patients with kidney disease	No current utilizers on Pharmacy Benefit	\$10,650 (1 year of daily treatment)
Keytruda	pembrolizumab	2/2022; Approved by Advisory Commission 8/2022	Various cancers (30 indications)	Retire Prior Authorization criteria through EBRx (coverage on Medical Benefit follows HA criteria)	Additional approved indications	No current utilizers on Pharmacy Benefit	\$6284 (one 100mg vial: dosing based on indication)

				follows HA criteria)			
Leukine	sargramostim	2/2022; Approved by Advisory Commission 8/2022	Blood irregularities	Exclude from pharmacy, code 12 (Medical Benefit Drug)	Leukine is administered intravenously and must be administered in a healthcare facility (medical benefit drug)	No current utilizers on Pharmacy Benefit	\$10,886 (1 month cycle)