

EXHIBIT D1b

July 2024 EBD Commission Meeting								
Drug Name	Date Drug Considered by EBD Commission	Use	Current Setup	EBD Recommendation (based on input from EBRx and Navitus)	Impacted Members	Cost Details	EBD Commission Decision	Board of Finance Decision
SPEVIGO INJ	July 2024	Pustular Psoriasis	New to Market	Not Covered	0	\$17,385 per month	Approve Recommendation	Approve Recommendation
REXTOVY SPRAY	July 2024	Opioid overdose	Not Covered	Tier 1	0	\$22.85 per dose	Approve Recommendation	Approve Recommendation
BETASERON INJ	July 2024	Multiple Sclerosis	Not Covered	Tier 4	0	\$697 per vial	Approve Recommendation	Approve Recommendation
EXTAVIA INJ	July 2024	Multiple Sclerosis	Tier 4	Not Covered (Removed from the Market)	1 (already moved to Betaseron)	\$530 per vial	Approve Recommendation	Approve Recommendation
CIMETIDINE SOLN	July 2024	Acid Reflux/GERD	Tier 1	Not Covered	0	\$500 per bottle	Approve Recommendation	Approve Recommendation
QUINAPRIL/HCTZ TAB	July 2024	Hypertension	Tier 1	Not Covered	0	Avg: \$147/month	Approve Recommendation	Approve Recommendation
NOVOLIN N RELION 100 UNIT/ML (NDC: 00169183402)	July 2024	Diabetes	Tier 2	Not Covered	10; will receive 90 day grandfather	\$24.10 per 10mL vial	Approve Recommendation	Approve Recommendation
TAKHZYRO	July 2024	Prophylaxis for Hereditary Angioedema	Tier 4 with PA	Not Covered	1; will receive 1 year grandfather	AWP = \$15,351 per month	Approve Recommendation	Approve Recommendation
HAEGARDA	July 2024	Prophylaxis for Hereditary Angioedema	Tier 4 with PA	Not Covered	1; will receive 90 day grandfather	AWP = \$4,605.52 per injection	Approve Recommendation	Approve Recommendation
RUCONEST	July 2024	Treatment of Hereditary Angioedema Attack	Tier 4 with PA	Not Covered	0	AWP = \$9,150 per injection	Approve Recommendation	Approve Recommendation