

EXHIBIT C1a

September 2024 EBD Commission Meeting

Drug Name	Date Drug Considered by EBD Comm.	Use	Current Setup	EBD Recommendation (based on input from EBRx and Navitus)	Impacted Members (last 6 months)	Cost Details	EBD Commission Decision	Board of Finance Decision
LIVMARLI SOLN 19MG/ML and 9.5MG/ML	9/10/24	Progressive Familial intrahepatic cholestasis (PFIC)	19.5MG/ML - NC; 9.5MG/ML - Tier S,PA,QL,SP	NC	0 for either strength	Weight based dosing, \$3560 per mL. (Potential up to \$400,000 per year)	Approve Recommendation	Approve Recommendation
LIRAGLUTIDE PEN-INJECTOR	9/10/24	Type 2 Diabetes	NC	Tier 2, RDX QL= 9mL/30 days	3	\$700/30 days	Approve Recommendation	Approve Recommendation
TALTZ INJ 20MG/0.25ML TALTZ INJ 40 MG/0.5ML	9/10/24	Targeted Immunomodulator	NC	Tier S, PA, SP QL= 1 inj/28 days	0	\$7100/28 days	Approve Recommendation	Approve Recommendation
ACTEMRA SC INJ ACTEMRA ACTPEN INJ	9/10/24	Targeted Immunomodulator	Tier S, PA, QL,SP	NC	13. Will be given 90 day grandfather to transition to biosimilar (ex. Tyenne)	\$3600/28 days	Approve Recommendation	Approve Recommendation
TYENNE INJ	9/10/24	Targeted Immunomodulator	NC	Tier 2, PA, SP QL= 2 inj/28 days	0	\$3000/28 days	Approve Recommendation	Approve Recommendation
OGSIVEO TAB	9/10/24	Desmoid Tumors	Tier S, PA, SP	Tier S, PA, SF, SP QL= 100mg, 150mg: 2 caps/day 50 mg: 6 caps/day	0	\$27,000/28 days	Approve Recommendation	Approve Recommendation
IWILFIN TAB	9/10/24	Neuroblastoma	NC	Tier S, PA, SF, SP QL= 8 tabs/day	0	\$22,000/30 days	Approve Recommendation	Approve Recommendation
ZILBRYSQ INJ	9/10/24	Myasthenia gravis	NC	Tier S, PA, QL= 1 inj/day	0	\$41,000/28 days	Approve Recommendation	Approve Recommendation
TERIPARATIDE INJ	9/10/24	Osteoporosis	Tier S, PA, SP	NC	1. Will be given 90 day grandfather to transition to another covered product in the class	\$2500/30 days	Approve Recommendation	Approve Recommendation