

# EXHIBIT C1d

## Medical Drug Formulary Recommendations - ASE/PSE Commission - November 2024

Drug	Treating Diagnosis	EBD Recommendation (based on input from EBRx and HA)	HA Coverage Policy (if applicable)	Cost	EBD Commission Decision	Board of Finance Decision
Actimmune	Chronic granulomatous disease, severe malignant osteopetrosis	<b>Exclude</b>		\$468,984 per year	Approve Recommendation	Approve Recommendation
Amtagvi	Unresectable or metastatic melanoma	<b>Exclude</b>		\$618,000 per infusion + ICU stay	Approve Recommendation	Approve Recommendation
Capvaxive	Pneumococcal 21 valent conjugate vaccine	<b>No EBRx Restrictions</b>	Cover under ACIP recommendations, \$0 copay	\$345.15 per vaccine	Approve Recommendation	Approve Recommendation
Ceredase	Type 1 Gaucher Disease, a rare genetic disorder	<b>Remove from Coverage</b>		n/a	Approve Recommendation	Approve Recommendation
Fuzeon	HIV	<b>Remove from Coverage</b>		n/a	Approve Recommendation	Approve Recommendation
Kisunla	Mild symptoms of Alzheimer disease	<b>Exclude</b>		\$36,175 per year	Approve Recommendation	Approve Recommendation
Mydcombi	Induce mydriasis	<b>No EBRx restrictions</b>	Covered under procedure charge	\$143.75 per cartridge. 180 sprays per cartridge. \$0.80 per spray	Approve Recommendation	Approve Recommendation
Piasky	Paroxysmal nocturnal hemoglobinuria (PNH)	<b>Exclude</b>		\$827,892 per year	Approve Recommendation	Approve Recommendation
Tecelra cellular therapy	Metastatic synovial sarcoma	<b>Exclude</b>		\$872,400 one time infusion	Approve Recommendation	Approve Recommendation
Tecentriq Hybreza	Cervical cancer, hepatocellular carcinoma, melanoma, sarcoma, non-small cell lung cancer	<b>Cover w/ EBRx PA</b>		\$222,851 per year (\$13,109 every 3 weeks)	Approve Recommendation	Approve Recommendation
Ultomiris	Atypical hemolytic uremic syndrome, Myasthenia gravis (AChR+), neuromyelitis optica spectrum disorder, paroxysmal nocturnal hemoglobinuria	<b>Cover w/ EBRx PA</b>		Weight based dosing. \$345,761 - \$553,305 per year	Approve Recommendation	Approve Recommendation
Ventavis	Pulmonary arterial hypertension (PAH)	<b>Exclude</b>		Up to \$229,122 per year	Approve Recommendation	Approve Recommendation