

State Employee Advisory Commission and Public-School Advisory Commission Minutes

October 10, 2023

The Arkansas State Employee Advisory Commission and Public-School Employee Advisory Commission met on Tuesday, October 10, 2023, at 10:00 a.m.

ASE Commission Members Present:

Ronda Walthall

Jerry Jones

Cynthia Dunlap

Bruce Maloch

Marty Casteel

PSE Commission Members Present:

Greg Rogers

Billy Jackson

Julie Bates

Kurt Knickrahm

Jim Tucker

Others Present: Grant Wallace, Director of EBD; Amanda Land, Deputy Director of EBD; Jay Bir, EBD; Denise Flake, EBD; Janella Deville, EBD; Skochu Fields, EBD; Cindy Monterozza, EBD; Sylvia Landers, Colonial Life; Trey Gardner, EBRx; LeeAnna Graham, EBRx; Sherry Bryant, EBRx; Marc Bagby, Lilly; Lori Bowen, BLR; Stephen Carroll, AllCare Specialty; Nima Nabani, AMGEN; Frances Baura, Novo Nordist; Amanda Story, Jessica Akins, Terry Faulkner, Derrick Smith, Julia Weber, Emilie Monk, Dwight Davis, Clay Patrick, LeAnn Perkins, Marissa Keith, John Bridges, ASEA; Debbie Rogers, Jennifer Davis, Suzanne Woodall, and 6 others.

1. Call to Order

Meeting was called to order by Chairman Cynthia Dunlap and announced there was a quorum for the PSE and ASE Commissions.

2. Approval of September 12, 2023 ASE & PSE Minutes: Cynthia Dunlap

Ronda Walthall motioned, and Jerry Jones seconded. **Motion Approved**

3. Director's Update: Grant Wallace

Director Grant Wallace introduced the new Chief Technology and Enterprise Officer, Cindy Monterozza. Director Wallace said she will be responsible for oversight of the ARBenefits portal and doing a deep-dive into how EBD can incorporate current technologies to streamline the operation.

Open Enrollment has begun and has gone well the first week of the month. Director Wallace encouraged those listening to the meeting online to apply for any changes in benefits by going online to do so. It will be more efficient and there will be no need for a paper form to be done in conjunction with the online enrollment.

Retiree Open Enrollment will be in November.

Director Wallace mentioned United Healthcare (UHC) is having ongoing discussions with St. Bernard's in Northeast Arkansas and the Baptist Health System. Director Wallace said EBD is in constant communication with UHC about the status of those negotiations. St. Bernard's negotiations are still in very early stages since the contract does not expire until 4/30. Baptist has exchanged offers with UHC.

Director Wallace mentioned EBD had staff at each of the UHC informational meetings that occurred statewide. He said it was a positive experience for both EBD and UHC staff and said he is glad that these face-to-face meetings are occurring again.

Director Wallace said EBD is working on an amendment to the back end of the RFP and BAFO with Navitus. Director Wallace said the State Board of Finance meeting will be at the end of October rather than in November. If EBD can get a good agreement with Navitus it will need to be approved by the Commission before being presented to the Board of Finance so a Special Meeting could be called to get it on the agenda for November Arkansas Legislative Council (ALC). He did say if something is not done in time, then all of this can be done in November, then ALC in December.

Ronda Walthall asked about the potential for the UHC/St. Bernard's situation could be like what happened with Conway Regional and if members in the area would be allowed a chance to change to Health Advantage. Director Wallace said there is the non-disparity between in-network and out-of-network just like with Conway Regional and he said it worked well and he expects the same with St. Bernard's. He added UHC did a lot of outreach with providers in Conway to avoid disruptions for members and he expects the same will be done with those in Northeast Arkansas. But if the situation is not resolved by 4/30 and there will be a large disruption and there could be the potential to allow that change. But he wants to get closer to that date before deciding about allowing change to see what the experience is like for those members.

Julie Bates asked about the potential for a Special Meeting needing to be called on and Director Wallace said the potential date for that would be October 24.

Billy Jackson asked if the retiree open enrollment period was in November and Director Wallace answered that it is.

4. Formulary Review, Jake Goll, Navitus

Jake Goll reviewed the September FAC. He said many of the medications on the formulary this month can be grouped together.

Beyfortus injections are another RSV vaccine product and the CDC has reviewed this at the beginning of August and recommended a single dose for infants under the age of eight months and some a second dose for children between 8-19 months who are more at-risk during the

second season of RSV. To make sure young children have access to this drug, it is recommended that it be added to the Standard Vaccine List at \$0.

Narcan, naloxone, and Opvee nasal spray are all opioid overdose reversal products. Narcan and naloxone recently came out as Over-The-Counter products so just providing increased access to the product for both the brand-name and generic version. Similar to vaccines, Navitus wants to make sure members have as much access as possible to these life-savings products. So it is recommended the Narcan and naloxone be added to tier 1 as both are similar in pricing, surprisingly the brand-name is a little cheaper coming in about \$50 per 2 spray package and the generic is about \$80 per package. Opvee is recommended to be added to tier 2 as it is a little more expensive but Opvee has a slightly different makeup than Narcan and naloxone to improve its duration of effect.

The desmopressin acetate and DDAVP injection were covered under the pharmacy benefit and the formulary committee did a review of these two. These are both injectable products usually done in a doctor's office and are recommended to be moved off the pharmacy benefit and on to the medical benefit. Only one member is impacted by this based on their claim history and any other member that may be affected will receive 60 days notice of the change.

The Ingrezza and Austedo have uses for movement disorders, mainly Tardive Dyskinesia, and after some discussion it is recommended both to be excluded because there is no "bang for the buck". Goll said for as expensive as these drugs are, there is not enough of a benefit to the patient to justify coverage. Additionally there is another product already on the formulary, tetrabenazine, that is used to treat the same diagnosis and cost much less.

Symbicort and budesonide, the brand-name and generic respectively. Due to contract changes beginning 1/1/24 the generic version will be the lowest net-cost product and sticking the Navitus policy of always going with the lowest net-cost product to benefit the member and the plan, Symbicort will be removed from the formulary and will point members to the generic. There are 45 members currently using Symbicort and Goll said he hopes the switch will be seamless since people are just being moved to the generic, but they will still get the 60-day notice of the change.

Ziextendo and Nyvepria injections are similar to the Symbicort and budesonide situation as Ziextendo's manufacturer is modifying their distribution and contract strategy starting 1/1/24. The committee did a lowest net-cost evaluation and determined the Nyvepria product would be the lowest net-cost option. So the recommendation is to remove the Ziextendo and replace it with Nyvepria on the specialty tier. There are no members currently using Ziextendo.

The clindamycin, tinidazole, Clindesse, and Xaciato gel are just recommending some formulary maintenance to ensure appropriate utilization that lines up with dosing and to make sure costs are being controlled. A quantity limit is being recommended for the Clindesse vaginal cream to one tube per fill. It will line up with FDA labeling and ensuring there is not waste trying to fill multiple courses that don't go used. A majority of claims are only one tube, but just want to

make sure the appropriate therapy course is being used. The tinidazole tablets are being moved from tier 3 to tier 1 due to declining costs. It has dropped down to \$33 per claim and is more in line with the other products on tier 1. Clindesse will move from tier 3 to tier 2 and Xaciato will move from Not Covered to tier 2. Both have rebates that make them cost competitive with the generic clindamycin phosphate 2% cream and because of that they are being added to formulary to provide access to members but also adding a quantity limit to ensure appropriate usage.

The Theophylline release tablets are being moved from Not Covered to tier 2. Generic versions of these tablets in 100 mg and 200 mg versions were recently launched. While the generic had been previously marketed, the last available product expired in 2018. Also wanting to add these to formulary to match the coverage of the 300 mg and 450 mg products and since the pricing is very similar to those higher dosages it is recommended to mirror the coverage at tier 2.

Exkivity was a late addition to the FAC but Navitus proactively removing it from formulary. The manufacturer announced it was taking it off the market due to lack of benefit in the confirmatory trial. The withdrawal date is still unknown but with the manufacturer announcing it, Goll said they want to be sure there are no new starts with the product. Moving to Not Covered just gets ahead of the actual withdraw date.

The motion to approve the formulary as presented was made by Julie Bates, Marty Casteel seconded. **Motion Passed.**

5. Other Business

Jerry Jones moved to adjourn the meeting, seconded by Ronda Walthall. Next meeting is set for November 14, 2023.