State Employee Advisory Commission and Public-School Advisory Commission Minutes

March 12, 2024

The Arkansas State Employee Advisory Commission and Public-School Employee Advisory Commission met on Tuesday, March 12, 2024, at 10:00 a.m.

ASE Commission Members Present:	PSE Commission Members Present:
Ronda Walthall	**Jim Tucker**
Jerry Jones	**Billy Jackson**
Cynthia Dunlap	**Julie Bates**
Marty Casteel	**Kurt Knickrehm**

Others Present: Grant Wallace, Director of EBD; Amanda Land, Deputy Director of EBD; Jay Bir, EBD; Janella Deville, EBD; Denise Flake, EBD; Skochu Fields, EBD; Krista Grafe, EBD; James Caldwell, TSS; Jake Goll, Navitus; Sherry Bryant, EBRx; Trey Gardner, EBRx; Kristen Belew, EBRx; Dr. Jill Johnson, EBRx; LeeAnna Graham, UAMS; Jennifer Davis, DIS; Paul Sakhrani, Milliman; John Bridges, ASEA; Ashley Boes, Nima Nabavi, AMAEN; Lori Bowens, BLR; Alix Stephens, BLR; Takisha Sanders, ABCBS; LeAnn Perkins, ASU System Office; Stephen Carroll, AllCare Specialty; Marc Bagby, Lilly; Frances Bauman, Noro Nordesk; Derrick Smith, Mitchell Williams; Martha Hill, Mike Mertens, Glenda Martin, Brent Parker, Jim Musick, Julia Weber, and 3 others.

Call to Order

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

1. Approval of February 13 ASE & PSE Minutes, Cynthia Dunlap

Rhonda Walthall moved to approve the minutes from February 13 Regular Meeting, seconded by Jerry Jones. **Motion Passed.**

2. Director's Update, Grant Wallace

Director Grant Wallace reminded the Commission EBD is sending them the monthly budget presentation. He said the reps from Milliman will be on-hand next meeting to run through of the quarterly report and have a rate discussion.

Director Wallace said the Request For Proposals (RFPs) are out, and the high-claims request should be posted by the end of the week. The consultant RFP is also out but there was an update which needed to be done and it will be reissued.

Director Wallace also said Milliman has been visiting with EBD on rates. Another item discussed was the need to verify if the Draft Vision Statement is up to date or needs edits. Director Wallace asked the Commission if there is anything they may want to amend to the Vision

Statement immediately. He said it felt like everything everyone has an interest in and any strategic points were covered. He said a discussion can be had next month when Milliman is present but if everything is fine with the Commission then they can proceed forward with it too.

Julie Bates asked about the rebate numbers still not being a part of the calculations in the presentation. Director Wallace answered they are not currently. Bates then asked if the presentation would be updated to show how much of a rebate the state is getting. Director Wallace said EBD is beginning to get those from Navitus and they are being incorporated into those calculations. He said EBD received a payment in January reflecting Q3 so the numbers should reflect that time in the next presentation.

Director Wallace said they have gone through the public comment phase of the voluntary product rules and it closed without any substantial edits or changes. There was a change to clarify this is only for state employees and those rules will move forward to legislative review.

3. Formulary Review, Jake Goll

Jake Goll presented the Quarter One Pharmacy and Therapeutics Committee decisions. Goll said the green tabs on the sheet just signify the classes each of the drugs falls into. He said the formulary team does like to do a class review just to make sure they are setting up the lowest net cost products within a class of medications.

The Dry Eye Disease Class has a couple of product changes. Goll said the cyclosporine ophth emulsion, which is a generic version of Restasis, will be moved to Tier 1 to encourage members use of the lower cost generic. Also recommended to add a Quantity Limit (QL) and the limit would just align with FDA labeling.

Cequa (cyclosporine ophthalmic) solution is staying on Tier 2 because it is a brand product but will be recommended to add a specialist restriction to it. There are similar restrictions on other cyclosporine products where it is only allowed prescribing through an ophthalmologist or optometrist and that is to make sure they are being used for the specific and appropriate diagnosis. This is not used just for standard seasonal itchy or dry eyes but a specific dry eye disease so this will ensure proper evaluation. There are currently 181 members using this product, so they will be grandfathered.

The next class is Chronic ITP Class. It is recommended to add a QL to the Promacta tablets and Promacta powder. This will align with FDA labeling and ensure members are using a safe dosage amount. Dunlap asked about the one member using the product but is over the recommended QL. Goll said they would follow the normal process which is sending out a letter to say they have 90 days to submit a review from their prescriber explaining why they need a dose over the FDA QL.

The Tavalisse tablets will be moved form Tier 4 to Not Covered. This is due to the high wholesale acquisition cost compared to the other products and latest guidelines do not mention Tavalisse. Goll said because of the cost and clinical factors it makes sense to move this product off the formulary. There is currently one member using this product and they will be grandfathered to make sure they do not experience any disruption.

Humira products are being moved to Not Covered beginning 6/1/2024. Navitus has been reviewing their industry contracts and found they will see significant savings by removing the Humira from the formulary. Goll pointed out on the spreadsheet under 'Cost' the preferred products are listed. The ones listed are already on formulary, so no change needed with those, but the cost difference is significant and since biosimilars have the same mechanism of action it makes sense to remove Humira brand products. Goll said letters were being written for members and educational communications will be sent to prescribers. He said it is a hot topic amongst prescribers currently, which is why letters will be sent out with plenty of notice so those members can have conversations with their prescribers to get a prescription for one of the other biosimilar products on formulary.

Relyvrio is for ALS and a recent study came showing it failed and will likely be pulled from market. To be proactive, and since there are no members currently utilizing this product, removing this now from formulary before any member has the chance to potentially begin using it.

Goll presented the Formulary Advisory Committee (FAC) recommendations for February.

Mifepristone tablets (a generic for Korlym) recently went generic and used for hyperglycemia. Since it is a generic it is being moved from Tier 4 to Tier 1 to encourage usage of the generic. It will continue to have the Prior Authorization (PA) and QLs associated with it.

Qvar RediHaler and Alvesco Inhaler are both used for asthma. Recently Navitus did a review of the inhaler class and found with the contracting available with these products, their costs line up with the inhalers on formulary currently. Due to those lower costs adding these two products will allow members more options and adding them to Tier 2 lines up with other inhaler products covered.

Toujeo SoloStar injections is being removed from formulary. This is just referring to the inner pack NDC only; the non-inner pack will still be covered. The reason for removing this specific product is because it is a non-rebated product and it will be more expensive than the standard Toujeo product. There are currently no members utilizing this product, so there is no negative impact.

Caprelsa 100mg tablets, Caprelsa 300mg tablets, and Lenvima are all staying on the formulary while Bosulif caplets are being added to formulary. They are all going to be on Tier 4 and will continue to have PAs on them but to take advantage of all the rebates available the QLs need to match up. This will match FDA labeling to ensure safe prescribing for the Caprelsa and Lenvima.

Also adding a split fill to those products, which is on a lot of the oncology products. The split fill will be in place for the first three months and will only allow a 15-day supply for each fill. Oncology products tend to have side effects associated with them and once someone experiences those side effects, then they stop taking the medication. It's also very expensive so Navitus just wants to make sure these are good for the members before having to get month-long supplies. There are only five members on Lenvima and this will only effect those who start new prescriptions of this medication. Bosulif is being added because the tablets are already on formulary and the capsules allow for younger patients to take this medication. The cost is very similar between the two products so this will match it up on formulary with the tablets.

Diltiazem ER caplets and the Verapamil SR caplets fell into another class review for specific blood pressure medications and found these were more expensive than the other products. Both have different formulations and strengths, and many other drugs are cheaper compared to the $129 and $150 per month respectively. These are just being bumped up to Tier 2 and there are members currently utilizing both products. Those members will be sent a letter with 90-day grandfathering and list of Tier 1 alternatives.

Cerdelga caplets and Ogsiveo caplets are just formulary maintenance as both drugs were on formulary prior to 7/1 of last year. These are being added back after undergoing review and matching up their status before 7/1, which was Tier 4 with a PA.

The Xolair injection listed is not the self-injectable dosage but rather the one administered in a medical office. Generally, those are excluded from pharmacy benefits and covered as medical benefits. This being removed from formulary and moved over as a medical benefit.

The Mavenclad tablets will remove the QL from it to match up with other multiple sclerosis agents which do not have QLs on them, which maximizes rebating. There are no member currently using this medication. It does have some side effects, so patients do not want to take this any longer than needed so Goll does not see removing the QL as being a concern.

Revlimid caplets does have a generic version but ever since it has come out there have been some regulatory issues with it which has resulted in shortages of the generic. While this shortage is managed and the regulatory issues worked out it is recommended to add this brand back on to formulary just to ensure members have appropriate access. It will be on Tier 4 with a specialist restriction.

Jones motioned to accept the recommendations, seconded by Kurt Knickrehm. **Motion passed.**

4. Other Business

There was none.

Walthall moved to adjourn until April 9, 2024, and Marty Casteel seconded. **Motion Passed.**