

1 2 3	Washington Vaccine Association Operations Committee Meeting October 26, 2023; 12:30-1:30 p.m. PT			
4 5 6	I. Attendance. Participating in all or part of the meeting by telephone were the following individuals:			
7	Commit	ttee Members	18	Cheryl Rairigh, Regence
8		e Baker, Zenith	19	Jennifer Simonsen, Kaiser
9	Diana Baxter, Cambia		20	
10		Cardillo, Cigna	21	WVA
11	•	Conley, Regence	22	Julia G. Zell, Esq., Executive Director, Chair
12		Dent Leffew, Cigna	23	Cheri Cagle, Stakeholder Liaison
13	-	alanga, Aetna	24	
14	Tawnya Flyberg, Premera		25	Helms & Company, Inc.
15	Janel Jorgenson, Washington Department of Health		26	Patrick Miller, MPH, Administrative Director
16		anley, United	27	Ashley Ithal, MPH, Project Support Leader
17		Oliver, Premera		Leslie Walker, CPA, Mason+Rich, PA
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30	I.	Summary of Actions Taken and/or Recomme	ondo	1
31	1.	Summary of Actions Taken and/of Recommo	cnuce	1
32	Actions Taken (votes adopted)			
33	i. To approve April 25, 2023, meeting minutes.			
34	ii.	To approve future Assessment Grid additions.		
35		To approve rational responsibilities and additional		
36	II.	Welcome and Introductions		
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38	At 12:32 p.m., Ms. Zell called the meeting to order and provided a notice of recording.			
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40	III.	Calendar Consent Items		
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42	Ms. Zell asked for a motion to approve the April 25, 2023 meeting minutes. Upon motion duly made and seconded, it			
43	was unanimously			
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45	VOTED: To approve April 25, 2023 meeting minutes.			
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47	IV.	<b>Operations Updates</b>		
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49	COVID Implementation			
50	Ms. Zell gave an update on the COVID commercialization and stated that initial concerns of the dosage-based			
51	assessment process have been alleviated after a review of payer data. Mr. Miller reported that for the most part, COVID			
52	DBAs are being submitted with the correct grid amounts. Mr. Miller stated that there are a few payers with lower-			
53	than-expected DBA volumes and he has reached out to them. He stated that the first COVID-related mailing was sent			
54	out in mid-September to providers and payers, and a second provider mailing was sent in mid-October.			
55				
56	RSV (nirsevimab) Funding			
57	Ms. Zell reminded the Committee that in late September the WVA Board approved the use of reserve funds for the			
58	state's purchase of the new RSV monoclonal antibody, nirsevimab. To be able to assess for nirsevimab, the WVA is			
59	joining with the Department of Health to purse a technical "fix" to the Association's enabling statute to update the			

definition of "vaccine." To advance this work, the WVA has engaged a lobbyist. Mr. Miller stated that the WVA

should know by the end of March 2024 whether the statute has been changed. He provided an overview of the WA

Department of Health's (DOH) proposed RSV utilization projections which vary from approximately \$10M-20M/year

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Future Assessment Grids/New Vaccine Pipeline

based on projected uptake scenarios.

Mr. Miller reviewed the costs of vaccines added in the past year and stated that the costs are much higher than historically seen which will have impacts on future assessment rates. Mr. Miller reported that Abrysvo<sup>TM</sup> (for maternal RSV), Penbraya<sup>TM</sup> (for Meningococal B), and Jynneos® (for Mpox) have been both FDA approved and ACIP VFC recommended. It is anticipated that pricing will be known by the end of the year so that they may be added to the grid for early 2024. Ms. Zell added that ideally the WVA would add future off cycle grid additions in January of each year, and continue with the annual grid updates on July 1. Mr. Miller added that the July 2024 grid may see up to a 30% rate increase to build back reserves. He reported that modeling has begun using known assumptions.

Mr. Miller stated that the WVA is assembling a taskforce to determine the best way for hospitals to bill DBAs for nirsevimab. Ms. Dent and Ms. Manley volunteered to join the taskforce. Ms. Zell stated that if others are interested, please reach out to her.

Ms. Jorgenson provided an update on nirsevimab ordering. There were 135 providers who placed orders before CDC shut down ordering due to supply chain issues. The CDC is currently distributing nirsevimab based on allocations to those states that have either not ordered nirsevimab or ordered a low supply.

Ms. Zell asked for a motion to approve the addition of Abrysvo<sup>TM</sup> (for maternal RSV for those under 19), Penbraya<sup>TM</sup> (for Meningococal B), and Jynneos® (for Mpox for those under 19) to the Assessment Grid. Discussion occurred and a minor correction was made to the vote. Upon motion duly made and seconded, it was unanimously

VOTED: Vote to approve assessment grid additions of Abrysvo™ (for maternal RSV for those under 19), Penbraya™ (for Meningococal B), and Jynneos® (for Mpox for those under 19) with corrections at the meeting.

## V. Closing

Ms. Zell thanked everyone for their input and guidance today, and the meeting was adjourned at 1:22 pm PT.