

**Division of Medicaid  
Office of the Governor  
State of Mississippi  
Drug Utilization Review (DUR) Board Meeting**



MISSISSIPPI DIVISION OF  
**MEDICAID**

**March 4, 2021 at 1:00pm**

**ZOOM Meeting**

Prepared by:



**Evidence-Based DUR Initiative**  
*The University of Mississippi School of Pharmacy*

## **2021 DUR Board Meeting Dates**

March 4, 2021

September 16, 2021

June 10, 2021

December 9, 2021

As with any analysis, great efforts are made to ensure that the information reported in this document is accurate. The most recent administrative claims data available are being used at the time the reports are generated, which includes the most recent adjudication history. As a result, values may vary between reporting periods and between DUR Board meetings, reflecting updated reversals and claims adjustments.

Unless otherwise indicated, all MS-DUR analyses are conducted for the entire Mississippi Medicaid program including beneficiaries receiving services through the Medicaid fee-for-service (FFS) and the two Mississippi Medicaid Coordinated Care Organizations (CCOs). When dollar figures are reported, the reported dollar figures represent reimbursement amounts paid to providers and are not representative of final Medicaid costs after rebates. Any reported enrollment data presented are unofficial and are only for general information purposes for the DUR Board.

Please refer to the Mississippi Division of Medicaid website for the current official Universal Preferred Drug List (PDL).

<http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>

**MISSISSIPPI DIVISION OF MEDICAID  
OFFICE OF THE GOVERNOR  
DRUG UTILIZATION REVIEW BOARD  
AGENDA  
March 4, 2021**

**Welcome**

**Old Business**

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**Follow-up and Discussion from the Board**

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**Pharmacy Program Update**

Terri Kirby, RPh

**Next Meeting Information**

Remaining 2021 Meeting Dates: June 10, September 16, and December 9

## **DUR Board Meeting Minutes**

**MISSISSIPPI DIVISION OF MEDICAID  
DRUG UTILIZATION REVIEW (DUR) BOARD  
MINUTES OF THE DECEMBER 3, 2020 MEETING**

| <b>DUR Board Roster:<br/>State Fiscal Year 2020*<br/>(July 1, 2019- December 31,2020)</b> | <b>Mar<br/>2020</b> | <b>Jun<br/>2020</b> | <b>Sep<br/>2020</b> | <b>Dec<br/>2020</b> |
|---|---------------------|---------------------|---------------------|---------------------|
| Lauren Bloodworth, PharmD<br>(Chair)  | ✓                   | ✓                   | ✓                   | ✓                   |
| Rhonda Dunaway, RPh   |                     | ✓                   | ✓                   | ✓                   |
| Tanya Fitts, MD   | ✓                   | ✓                   | ✓                   | ✓                   |
| Ray Montalvo, MD  | ✓                   | ✓                   | ✓                   | ✓                   |
| Holly Moore, PharmD   | ✓                   | ✓                   | ✓                   |                     |
| Janet Ricks, DO   | ✓                   | ✓                   | ✓                   |                     |
| Cheryl Sudduth, RPh   |                     | ✓                   | ✓                   | ✓                   |
| James Taylor, PharmD  | ✓                   | ✓                   | ✓                   | ✓                   |
| Alan Torrey, MD   | ✓                   | ✓                   |                     | ✓                   |
| <b>TOTAL PRESENT**</b>  | <b>9</b>            | <b>11</b>           | <b>9</b>            | <b>7</b>            |

\* DUR Board Member Terms extended through December 31, 2020

\*\* Total Present may not be reflected by individual members marked as present above due to members who either resigned or whose terms expired being removed from the list.

**Also Present:**

**Division of Medicaid (DOM) Staff:**

Terri Kirby, RPh, CPM, Pharmacy Director; Dennis Smith, RPh, DUR Coordinator; Gail McCorkle, RPh, Clinical Pharmacist; Chris Yount, MA, PMP, Staff Officer – Pharmacy;

**University of Mississippi School of Pharmacy - MS-DUR Staff:**

Eric Pittman, PharmD, MS-DUR Project Director; Kaustuv Bhattacharya, PhD, Research Assistant Professor - CPM;M;

**Conduent Staff:**

Lew Anne Snow, RN, BSN, Pharmacy Services Sr. Analyst, Mississippi Medicaid Project; Leslie Leon, PharmD, Clinical Pharmacist, Mississippi Medicaid Project;

**Change Healthcare Staff:**

Paige Clayton, PharmD, On-Site Clinical Pharmacist; Sarah Boydstun, PharmD, PA Pharmacist;

**Alliant Health Staff:**

Catherine Brett, MD, Medical Director;

**Coordinated Care Organization (CCO) Staff:**

Heather Odem, PharmD, Director of Pharmacy - Mississippi, UnitedHealthcare Community & State; Jenni Grantham, PharmD, Director of Pharmacy, Magnolia Health;

**Visitors:**

Kimberly Clark, Viiv Healthcare; David Condrick, BridgeBio; Brandon Cope, Otsuka; Bryan Dillon, Otsuka; Jill Gran, Otsuka; Julie Hardie, Novo Nordisk; Phil Hecht, Abbvie; Evelyn Johnson, Capital Resources; Bryan Leibowitz, Takeda; Nole Mangine, Allergan; Beau Pender, Otsuka; Mick Peoples, Eli Lilly; Kenneth Irvin Riddle, Braeburn; Michelle Shirley, Indivior; Justin Simmons, Abbvie; Mary Stoots, Artia Solutions; Jason Swartz, Otsuka; Bruce Wallace, Azurity; Gene Wingo, Biogen; Kim Wolak, Clark; Brent Yount, GBT.

**Call to Order:**

Dr. Pittman called the meeting to order at 1:02pm and welcomed everyone to the meeting via Zoom.

**OLD BUSINESS:**

Dr. Bloodworth moved to approve the minutes from the September 2020 DUR Board Meeting, seconded by Dr. Fitts, and unanimously approved by the DUR Board.

**Resource Utilization Review:**

Dr. Pittman presented the resource utilization report for July 2020 – September 2020. Enrollment numbers continued to climb since April 2020 with 6.4% more beneficiaries receiving pharmacy benefits compared to September 2019. While enrollment numbers increased, the number of prescription fills decreased compared to September 2019. The total dollars paid for prescriptions was approximately equal to that for the same period in 2019.

**Feedback and Discussion from Board:**

No follow-up discussion concerning previous DUR Board topics was held.

## **NEW BUSINESS:**

### **Update on MS-DUR Educational Interventions:**

Dr. Pittman provided an overview of all DUR mailings that occurred September 2020 – November 2020.

### **Special Analysis Projects:**

#### ***Adult and Child Core Set Quality Measures***

Dr. Catherine Brett provided an overview to the Board describing quality measures and Medicaid's continued work to improve care provided to beneficiaries. Following Dr. Brett's presentation, Dr. Pittman reviewed the adult and child core set measures MS-DUR ran for CY 2019. For each measure, Dr. Pittman provided a brief description of the measure, performance reported, and comparative national data, when available.

*No action was taken on items from this report.*

#### ***Naloxone Use in High Risk Beneficiaries***

Dr. Pittman provided a report describing the use of naloxone among beneficiaries at high risk of experiencing adverse opioid events or overdose. This report was the result of a request from the Board at the September 2020 DUR Board Meeting. The analysis revealed that among Medicaid beneficiaries identified as high risk, less than 2% had a naloxone claim. The board discussed various methods for increasing naloxone use among beneficiaries at high risk of overdose events. Following a robust discussion, the following recommendation was considered:

1. DOM should distribute educational reminders to prescribers and pharmacists regarding the FDA's recent recommendation for naloxone, the covered status of naloxone products on the Preferred Drug List, and the Mississippi State Department of Health's Naloxone Standing Order.

*Dr. Torrey motioned to approve the recommendation, seconded by Dr. Bloodworth, and unanimously approved by the Board.*

#### ***Adult Vaccines***

Dr. Pittman reviewed a report on the administration of adult vaccines to Medicaid beneficiaries during calendar year 2019. DOM is seeking approval from CMS to expand adult vaccine services offered through pharmacies. The report detailed adult vaccination rates overall and highlighted opportunities for increasing vaccination rates through the pharmacy benefit. The following recommendation was considered:



1. Upon CMS approval of the Vaccine State Plan Amendment (SPA), DOM should begin an educational initiative targeting pharmacists. The education should highlight the expanded opportunities granted pharmacists through the updated SPA and serve as a call to action for pharmacists to actively engage in adult immunizations.

*Dr. Fitts motioned to approve the recommendation, seconded by Ms. Dunaway, and unanimously approved by the board.*

#### **FDA Drug Safety Updates:**

Dr. Pittman presented FDA drug safety communications for September 2020 – November 2020.

#### **Pharmacy Program Update:**

Ms. Kirby provided the Board with the following Pharmacy Program Updates:

1. Dennis Smith was officially welcomed as the new DUR Coordinator in the Office of Pharmacy.
2. DOM is in the process of changing to a new fiscal agent, Gainwell (formerly known as DXC). This change will occur in 2022.

#### **Miscellaneous:**

##### **2021 Meeting Dates/Times**

March 4, 2021

June 10, 2021

September 16, 2021

December 9, 2021

*\*Meeting time will remain at 1 pm.*

#### **Next Meeting Information:**

Dr. Pittman announced that the next meeting of the DUR Board will take place on March 4, 2021 at 1pm.

*Dr. Bloodworth motioned to adjourn the meeting at 2:19 pm, seconded by Ms. Dunaway, and unanimously approved by the Board.*

Submitted,

Eric Pittman, PharmD

Evidence-Based DUR Initiative, MS-DUR

**Meeting Location:** Woolfolk Building, 501 North West Street, Virtual Meeting, Jackson, MS 39201

**Contact Information:** Office of Pharmacy:

Chris Yount, 601-359-5253; [Christopher.yount@medicaid.ms.gov](mailto:Christopher.yount@medicaid.ms.gov), or

Jessica Tyson, 601-359-5253; [Jessica.Tyson@medicaid.ms.gov](mailto:Jessica.Tyson@medicaid.ms.gov)

Notice details:

**State Agency:** MS Division of Medicaid

**Public Body:** Drug Utilization Board (DUR) Meeting

**Subject:** Quarterly Meeting

**Date and Time:** March 19, 2020; June 11, 2020; September 17, 2020; and December 3, 2020 at 1PM

**Description:** The Mississippi Division of Medicaid's Drug Utilization Review (DUR) Board is a quality assurance body which seeks to assure appropriate drug therapy to include optimal beneficiary outcomes and appropriate education for physicians, pharmacists, and the beneficiary. The Drug Utilization Review (DUR) Board is composed of twelve participating physicians and pharmacists who are active MS Medicaid providers and in good standing with their representative organizations.

The Board reviews utilization of drug therapy and evaluates the long-term success of the treatments.

The Drug Utilization Review (DUR) Board meets quarterly.

### December 3, 2020 DUR Board Meeting – Update

The December 3, 2020 Drug Utilization Review (DUR) Board Meeting will take place virtually beginning at 1pm. Link information will be posted the day before or day of the meeting at this page. Participants are reminded to join the meeting at least 15 minutes prior to meeting time. Registration will end once the meeting begins.

**Meeting information:**

<https://zoom.us/j/96370462198?pwd=ZGY0UUlZN0FvTjlvZFpqUjVVOOEIpZz09>

**Meeting ID:** 963 7046 2198 **Passcode:** 036569 **Phone:** 929-436-2866/301-715-8592

As a reminder, when joining the virtual meeting, please register with your first and last name as well as the company/organization which you are representing. When in Zoom meetings, this can be done using the “rename” function. If you are dialing in via phone and computer, please remember to mute your computer and microphone to limit feedback.

Meeting agenda and packet information is posted in the table below.

## **Resource Utilization Review**

**TABLE 04A: ENROLLMENT STATISTICS FOR LAST 6 MONTHS****July 1, 2020 through December 31, 2020**

|                          |                       | Jul-20  | Aug-20  | Sep-20  | Oct-20  | Nov-20  | Dec-20  |
|--------------------------|-----------------------|---------|---------|---------|---------|---------|---------|
| <b>Total enrollment</b>  |                       | 719,105 | 727,008 | 733,356 | 739,735 | 744,495 | 748,850 |
| <b>Dual-eligibles</b>    |                       | 165,716 | 165,287 | 164,903 | 164,801 | 164,668 | 164,390 |
| <b>Pharmacy benefits</b> |                       | 606,067 | 613,808 | 619,975 | 626,087 | 630,676 | 634,877 |
| <b>PLAN %</b>            | <b>LTC</b>            | 15,952  | 15,640  | 15,410  | 15,268  | 15,086  | 14,868  |
|                          | <b>FFS</b>            | 25.4%   | 25.4%   | 25.5%   | 25.5%   | 25.2%   | 25.0%   |
|                          | <b>MSCAN-UHC</b>      | 29.5%   | 29.5%   | 29.3%   | 29.1%   | 28.9%   | 28.8%   |
|                          | <b>MSCAN-Magnolia</b> | 32.4%   | 32.2%   | 31.9%   | 31.6%   | 31.4%   | 31.2%   |
|                          | <b>MSCAN-Molina</b>   | 12.7%   | 12.9%   | 13.3%   | 13.8%   | 14.5%   | 15.0%   |

**TABLE 04B: PHARMACY UTILIZATION STATISTICS FOR LAST 6 MONTHS****July 1, 2020 through December 31, 2020**

|                                  |                  | Jul-20       | Aug-20       | Sep-20       | Oct-20       | Nov-20       | Dec-20       |
|----------------------------------|------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>#<br/>Rx Fills</b>            | <b>FFS</b>       | 95,860       | 96,879       | 100,634      | 104,892      | 100,366      | 104,753      |
|                                  | <b>MSCAN-UHC</b> | 132,284      | 132,080      | 135,751      | 139,984      | 131,214      | 133,739      |
|                                  | <b>MSCAN-Mag</b> | 162,021      | 161,023      | 165,246      | 169,811      | 159,575      | 160,871      |
|                                  | <b>MSCAN-Mol</b> | 39,167       | 40,621       | 43,662       | 46,822       | 46,149       | 49,393       |
| <b>#<br/>Rx Fills<br/>/ Bene</b> | <b>FFS</b>       | 0.6          | 0.6          | 0.6          | 0.7          | 0.6          | 0.7          |
|                                  | <b>MSCAN-UHC</b> | 0.7          | 0.7          | 0.7          | 0.8          | 0.7          | 0.7          |
|                                  | <b>MSCAN-Mag</b> | 0.8          | 0.8          | 0.8          | 0.9          | 0.8          | 0.8          |
|                                  | <b>MSCAN-Mol</b> | 0.5          | 0.5          | 0.5          | 0.5          | 0.5          | 0.5          |
| <b>\$<br/>Paid Rx</b>            | <b>FFS</b>       | \$11,957,706 | \$11,607,247 | \$12,580,505 | \$12,249,761 | \$11,670,675 | \$12,379,145 |
|                                  | <b>MSCAN-UHC</b> | \$13,449,736 | \$13,715,771 | \$13,789,525 | \$14,096,780 | \$13,586,820 | \$14,362,859 |
|                                  | <b>MSCAN-Mag</b> | \$17,125,388 | \$16,896,404 | \$17,510,726 | \$17,210,795 | \$16,475,932 | \$17,003,566 |
|                                  | <b>MSCAN-Mol</b> | \$3,511,111  | \$3,712,035  | \$3,887,390  | \$4,198,445  | \$4,238,785  | \$4,586,322  |
| <b>\$<br/>/Rx Fill</b>           | <b>FFS</b>       | \$124.74     | \$119.81     | \$125.01     | \$116.78     | \$116.28     | \$118.17     |
|                                  | <b>MSCAN-UHC</b> | \$101.67     | \$103.84     | \$101.58     | \$100.70     | \$103.55     | \$107.39     |
|                                  | <b>MSCAN-Mag</b> | \$105.70     | \$104.93     | \$105.97     | \$101.35     | \$103.25     | \$105.70     |
|                                  | <b>MSCAN-Mol</b> | \$89.64      | \$91.38      | \$89.03      | \$89.67      | \$91.85      | \$92.85      |
| <b>\$<br/>/Bene</b>              | <b>FFS</b>       | \$77.68      | \$74.45      | \$79.58      | \$76.73      | \$73.43      | \$77.99      |
|                                  | <b>MSCAN-UHC</b> | \$75.23      | \$75.75      | \$75.91      | \$77.37      | \$74.54      | \$78.55      |
|                                  | <b>MSCAN-Mag</b> | \$87.21      | \$85.49      | \$88.54      | \$86.99      | \$83.20      | \$85.84      |
|                                  | <b>MSCAN-Mol</b> | \$45.62      | \$46.88      | \$47.14      | \$48.59      | \$46.35      | \$48.16      |

NOTE: Paid amounts represent amount reported on claims as paid to the pharmacy. These amounts do not reflect final actual costs after rebates, etc.

**TABLE C: TOP 10 DRUG CATEGORIES BY NUMBER OF CLAIMS IN DEC 2020 (FFS AND CCOs)**

| Category                                | Month Year | Rank Volume | # RXs  | \$ Paid     | # Unique Benes |
|---|------------|-------------|--------|-------------|----------------|
| CNS stimulants                          | Dec 2020   | 1           | 24,163 | \$4,349,818 | 20,474         |
|   | Nov 2020   | 1           | 23,610 | \$4,303,959 | 20,457         |
|   | Oct 2020   | 1           | 24,868 | \$4,537,672 | 21,465         |
| atypical antipsychotics                 | Dec 2020   | 2           | 14,276 | \$4,161,864 | 11,975         |
|   | Nov 2020   | 3           | 13,343 | \$3,658,860 | 11,478         |
|   | Oct 2020   | 4           | 13,943 | \$3,915,122 | 11,825         |
| nonsteroidal anti-inflammatory agents   | Dec 2020   | 3           | 13,378 | \$194,421   | 12,674         |
|   | Nov 2020   | 4           | 13,337 | \$197,060   | 12,741         |
|   | Oct 2020   | 2           | 14,396 | \$213,609   | 13,734         |
| SSRI antidepressants                    | Dec 2020   | 4           | 13,322 | \$162,633   | 12,233         |
|   | Nov 2020   | 5           | 12,625 | \$156,102   | 11,867         |
|   | Oct 2020   | 7           | 13,046 | \$163,366   | 12,131         |
| adrenergic bronchodilators              | Dec 2020   | 5           | 13,288 | \$629,625   | 11,391         |
|   | Nov 2020   | 2           | 13,372 | \$644,457   | 11,488         |
|   | Oct 2020   | 3           | 14,345 | \$726,097   | 12,212         |
| narcotic analgesic combinations         | Dec 2020   | 6           | 12,871 | \$578,208   | 11,504         |
|   | Nov 2020   | 7           | 12,381 | \$535,505   | 11,397         |
|   | Oct 2020   | 6           | 13,242 | \$564,457   | 12,000         |
| antihistamines                          | Dec 2020   | 7           | 12,103 | \$178,196   | 11,526         |
|   | Nov 2020   | 6           | 12,396 | \$182,029   | 11,932         |
|   | Oct 2020   | 5           | 13,682 | \$198,243   | 13,105         |
| proton pump inhibitors                  | Dec 2020   | 8           | 11,906 | \$428,567   | 11,293         |
|   | Nov 2020   | 8           | 11,440 | \$417,964   | 11,009         |
|   | Oct 2020   | 8           | 11,844 | \$439,405   | 11,297         |
| antiadrenergic agents, centrally acting | Dec 2020   | 9           | 10,876 | \$229,829   | 9,750          |
|   | Nov 2020   | 10          | 10,209 | \$214,754   | 9,387          |
|   | Oct 2020   | 10          | 10,741 | \$219,694   | 9,835          |
| macrolides                              | Dec 2020   | 10          | 10,291 | \$222,226   | 10,010         |
|   | Nov 2020   | 11          | 9,501  | \$202,900   | 9,279          |
|   | Oct 2020   | 14          | 8,967  | \$208,991   | 8,744          |

**TABLE D: TOP 10 DRUG CATEGORIES BY DOLLARS PAID IN DEC 2020 (FFS AND CCOs)**

| Category                      | Month Year | Rank Paid Amt | # RXs  | \$ Paid     | # Unique Benes |
|-------------------------------|------------|---------------|--------|-------------|----------------|
| CNS stimulants                | Dec 2020   | 1             | 24,163 | \$4,349,818 | 20,474         |
|                               | Nov 2020   | 1             | 23,610 | \$4,303,959 | 20,457         |
|                               | Oct 2020   | 1             | 24,868 | \$4,537,672 | 21,465         |
| atypical antipsychotics       | Dec 2020   | 2             | 14,276 | \$4,161,864 | 11,975         |
|                               | Nov 2020   | 2             | 13,343 | \$3,658,860 | 11,478         |
|                               | Oct 2020   | 2             | 13,943 | \$3,915,122 | 11,825         |
| antirheumatics                | Dec 2020   | 3             | 1,280  | \$2,563,008 | 1,119          |
|                               | Nov 2020   | 4             | 1,219  | \$2,394,376 | 1,084          |
|                               | Oct 2020   | 5             | 1,218  | \$2,397,007 | 1,070          |
| antiviral combinations        | Dec 2020   | 4             | 834    | \$2,446,875 | 746            |
|                               | Nov 2020   | 3             | 775    | \$2,455,563 | 719            |
|                               | Oct 2020   | 3             | 817    | \$2,601,481 | 740            |
| insulin                       | Dec 2020   | 5             | 5,135  | \$2,362,399 | 3,779          |
|                               | Nov 2020   | 5             | 5,004  | \$2,360,814 | 3,734          |
|                               | Oct 2020   | 4             | 5,168  | \$2,399,434 | 3,833          |
| factor for bleeding disorders | Dec 2020   | 6             | 118    | \$1,638,929 | 84             |
|                               | Nov 2020   | 7             | 114    | \$1,209,586 | 86             |
|                               | Oct 2020   | 7             | 127    | \$1,457,736 | 100            |
| interleukin inhibitors        | Dec 2020   | 7             | 282    | \$1,576,897 | 255            |
|                               | Nov 2020   | 6             | 279    | \$1,462,404 | 254            |
|                               | Oct 2020   | 6             | 256    | \$1,472,861 | 234            |
| CFTR combinations             | Dec 2020   | 8             | 59     | \$1,187,363 | 49             |
|                               | Nov 2020   | 8             | 53     | \$1,018,353 | 49             |
|                               | Oct 2020   | 8             | 55     | \$1,109,164 | 48             |
| immune globulins              | Dec 2020   | 9             | 296    | \$1,118,628 | 205            |
|                               | Nov 2020   | 10            | 263    | \$943,578   | 194            |
|                               | Oct 2020   | 10            | 225    | \$912,239   | 172            |
| bronchodilator combinations   | Dec 2020   | 10            | 3,803  | \$1,039,108 | 3,452          |
|                               | Nov 2020   | 9             | 3,675  | \$997,605   | 3,392          |
|                               | Oct 2020   | 9             | 3,883  | \$1,063,036 | 3,569          |

**TABLE E: TOP 25 DRUG MOLECULES  
BY NUMBER OF CLAIMS IN DEC 2020 (FFS and CCOs)**

| Drug Molecule<br>Therapeutic Category                            | Nov<br>2020<br># Claims | Dec<br>2020<br># Claims | Dec 2020<br>\$ Paid | Dec<br>2020<br>#<br>Unique<br>Benes |
|--|-------------------------|-------------------------|---------------------|-------------------------------------|
| albuterol / adrenergic bronchodilators                           | 12,865                  | 12,829                  | \$493,178           | 11,041                              |
| azithromycin / macrolides  | 9,190                   | 9,990                   | \$159,610           | 9,740                               |
| amoxicillin / aminopenicillins                                   | 10,331                  | 9,965                   | \$125,725           | 9,774                               |
| montelukast / leukotriene modifiers                              | 9,020                   | 8,836                   | \$135,255           | 8,536                               |
| gabapentin / gamma-aminobutyric acid analogs                     | 7,827                   | 8,207                   | \$126,533           | 7,587                               |
| acetaminophen-hydrocodone / narcotic analgesic combinations      | 7,808                   | 8,016                   | \$106,642           | 7,375                               |
| cetirizine / antihistamines                                      | 8,166                   | 7,606                   | \$100,882           | 7,394                               |
| lisdexamfetamine / CNS stimulants                                | 7,040                   | 7,149                   | \$2,230,444         | 6,859                               |
| clonidine / antiadrenergic agents, centrally acting              | 6,160                   | 6,633                   | \$88,743            | 6,081                               |
| amphetamine-dextroamphetamine / CNS stimulants                   | 5,999                   | 6,280                   | \$203,866           | 5,316                               |
| methylphenidate / CNS stimulants                                 | 5,969                   | 6,096                   | \$971,299           | 5,350                               |
| ibuprofen / nonsteroidal anti-inflammatory agents                | 5,860                   | 6,060                   | \$73,742            | 5,861                               |
| fluticasone nasal / nasal steroids                               | 6,326                   | 5,899                   | \$89,314            | 5,787                               |
| amlodipine / calcium channel blocking agents                     | 5,516                   | 5,837                   | \$67,477            | 5,501                               |
| omeprazole / proton pump inhibitors                              | 5,600                   | 5,757                   | \$64,084            | 5,548                               |
| sertraline / SSRI antidepressants                                | 4,605                   | 4,941                   | \$60,348            | 4,564                               |
| ondansetron / 5HT3 receptor antagonists                          | 4,673                   | 4,938                   | \$70,982            | 4,729                               |
| atorvastatin / HMG-CoA reductase inhibitors (statins)            | 4,136                   | 4,315                   | \$49,704            | 4,004                               |
| guanfacine / antiadrenergic agents, centrally acting             | 4,037                   | 4,235                   | \$140,950           | 3,963                               |
| pantoprazole / proton pump inhibitors                            | 3,545                   | 3,755                   | \$46,338            | 3,537                               |
| aripiprazole / atypical antipsychotics                           | 3,486                   | 3,751                   | \$997,663           | 3,414                               |
| ethinyl estradiol-norgestimate / contraceptives                  | 3,556                   | 3,742                   | \$62,133            | 3,438                               |
| hydroxyzine / miscellaneous anxiolytics, sedatives and hypnotics | 3,575                   | 3,686                   | \$53,177            | 3,504                               |
| risperidone / atypical antipsychotics                            | 3,382                   | 3,620                   | \$180,329           | 3,201                               |
| trazodone / phenylpiperazine antidepressants                     | 3,295                   | 3,553                   | \$41,846            | 3,315                               |

**TABLE F: TOP 25 DRUG MOLECULES  
BY DOLLARS PAID IN DEC 2020 (FFS and CCOs)**

| Drug Molecule<br>Therapeutic Category                                    | Nov 2020<br>\$ Paid | Dec 2020<br>\$ Paid | Dec<br>2020<br># Claims | Dec<br>2020<br>#<br>Unique<br>Benes |
|--|---------------------|---------------------|-------------------------|-------------------------------------|
| adalimumab / antirheumatics  | \$2,097,193         | \$2,294,857         | 329                     | 291                                 |
| lisdexamfetamine / CNS stimulants  | \$2,190,890         | \$2,230,444         | 7,149                   | 6,859                               |
| paliperidone / atypical antipsychotics                                   | \$1,433,163         | \$1,717,797         | 690                     | 601                                 |
| bictegravir/emtricitabine/tenofovir / antiviral combinations             | \$1,090,717         | \$1,102,588         | 355                     | 334                                 |
| aripiprazole / atypical antipsychotics                                   | \$848,306           | \$997,663           | 3,751                   | 3,414                               |
| methylphenidate / CNS stimulants   | \$959,677           | \$971,299           | 6,096                   | 5,350                               |
| insulin glargine / insulin   | \$846,647           | \$854,477           | 1,886                   | 1,792                               |
| elixacaftor/ivacaftor/tezacaftor / CFTR combinations                     | \$647,604           | \$791,121           | 37                      | 32                                  |
| palivizumab / immune globulins   | \$605,953           | \$667,883           | 250                     | 170                                 |
| dexmethylphenidate / CNS stimulants                                      | \$648,969           | \$646,956           | 3,027                   | 2,473                               |
| dupilumab / interleukin inhibitors                                       | \$604,723           | \$592,430           | 194                     | 173                                 |
| etanercept / TNF alpha inhibitors  | \$609,833           | \$580,965           | 111                     | 101                                 |
| liraglutide / GLP-1 receptor agonists                                    | \$522,594           | \$539,094           | 680                     | 647                                 |
| lacosamide / miscellaneous anticonvulsants                               | \$498,998           | \$531,120           | 576                     | 506                                 |
| somatropin / growth hormones   | \$538,833           | \$530,606           | 132                     | 122                                 |
| insulin aspart / insulin   | \$516,706           | \$523,831           | 1,372                   | 1,285                               |
| budesonide-formoterol / bronchodilator combinations                      | \$493,927           | \$510,942           | 1,619                   | 1,562                               |
| albuterol / adrenergic bronchodilators                                   | \$491,687           | \$493,178           | 12,829                  | 11,041                              |
| ustekinumab / interleukin inhibitors                                     | \$346,521           | \$479,908           | 24                      | 24                                  |
| emicizumab / factor for bleeding disorders                               | \$716,359           | \$478,662           | 21                      | 17                                  |
| lurasidone / atypical antipsychotics                                     | \$466,808           | \$469,132           | 345                     | 326                                 |
| insulin detemir / insulin  | \$438,276           | \$432,549           | 791                     | 738                                 |
| buprenorphine-naloxone / narcotic analgesic combinations                 | \$383,126           | \$421,113           | 1,512                   | 1,188                               |
| cobicistat/elvitegravir/emtricitabine/tenofovir / antiviral combinations | \$427,375           | \$403,422           | 125                     | 110                                 |
| apixaban / factor Xa inhibitors  | \$346,100           | \$386,194           | 913                     | 809                                 |



**TABLE G: TOP 25 DRUG MOLECULES  
BY CHANGE IN NUMBER OF CLAIMS FROM OCT 2020 TO DEC 2020 (FFS and CCOs)**

| Drug Molecule  | Oct 2020<br># Claims | Nov<br>2020<br># Claims | Dec<br>2020<br># Claims | Dec 2020<br>\$ Paid | Dec<br>2020<br>#<br>Unique<br>Benes |
|--|----------------------|-------------------------|-------------------------|---------------------|-------------------------------------|
| azithromycin / macrolides                                      | 8,660                | 9,190                   | 9,990                   | \$159,610           | 9,740                               |
| famotidine / H2 antagonists                                    | 2,944                | 3,021                   | 3,504                   | \$139,748           | 3,320                               |
| ondansetron / 5HT3 receptor antagonists                        | 4,502                | 4,673                   | 4,938                   | \$70,982            | 4,729                               |
| oseltamivir / neuraminidase inhibitors                         | 162                  | 297                     | 451                     | \$22,169            | 450                                 |
| dexamethasone / glucocorticoids                                | 416                  | 493                     | 608                     | \$8,668             | 587                                 |
| benzonatate / antitussives                                     | 753                  | 826                     | 943                     | \$11,377            | 908                                 |
| amlodipine / calcium channel blocking agents                   | 5,658                | 5,516                   | 5,837                   | \$67,477            | 5,501                               |
| folic acid / vitamins  | 2,164                | 2,122                   | 2,315                   | \$17,645            | 1,769                               |
| aripiprazole / atypical antipsychotics                         | 3,612                | 3,486                   | 3,751                   | \$997,663           | 3,414                               |
| clonidine / antiadrenergic agents, centrally acting            | 6,504                | 6,160                   | 6,633                   | \$88,743            | 6,081                               |
| escitalopram / SSRI antidepressants                            | 2,299                | 2,307                   | 2,419                   | \$28,645            | 2,246                               |
| buprenorphine-naloxone / narcotic analgesic combinations       | 1,396                | 1,354                   | 1,512                   | \$421,113           | 1,188                               |
| topiramate / carbonic anhydrase inhibitor anticonvulsants      | 1,643                | 1,653                   | 1,751                   | \$104,587           | 1,629                               |
| ergocalciferol / vitamins                                      | 2,928                | 2,844                   | 3,036                   | \$24,612            | 2,675                               |
| trazodone / phenylpiperazine antidepressants                   | 3,446                | 3,295                   | 3,553                   | \$41,846            | 3,315                               |
| doxycycline / tetracyclines                                    | 1,731                | 1,619                   | 1,835                   | \$25,890            | 1,785                               |
| gabapentin / gamma-aminobutyric acid analogs                   | 8,106                | 7,827                   | 8,207                   | \$126,533           | 7,587                               |
| divalproex sodium / fatty acid derivative anticonvulsants      | 2,629                | 2,509                   | 2,723                   | \$74,148            | 2,360                               |
| levothyroxine / thyroid hormones                               | 3,135                | 2,997                   | 3,228                   | \$67,675            | 2,987                               |
| sertraline / SSRI antidepressants                              | 4,849                | 4,605                   | 4,941                   | \$60,348            | 4,564                               |
| pantoprazole / proton pump inhibitors                          | 3,675                | 3,545                   | 3,755                   | \$46,338            | 3,537                               |
| dextromethorphan-promethazine / upper respiratory combinations | 321                  | 381                     | 399                     | \$6,870             | 368                                 |
| quetiapine / atypical antipsychotics                           | 3,174                | 3,117                   | 3,246                   | \$52,770            | 2,832                               |
| alprazolam / benzodiazepines                                   | 1,840                | 1,761                   | 1,911                   | \$19,377            | 1,790                               |
| rosuvastatin / HMG-CoA reductase inhibitors (statins)          | 1,094                | 1,108                   | 1,164                   | \$14,796            | 1,108                               |

**TABLE H: TOP 25 DRUG MOLECULES  
BY CHANGE IN AMOUNT PAID FROM OCT 2020 TO DEC 2020 (FFS and CCOs)**

| Drug Molecule  | Oct 2020<br>\$ Paid | Nov 2020<br>\$ Paid | Dec 2020<br>\$ Paid | Dec 2020<br># Claims | Dec<br>2020<br>#<br>Unique<br>Benes |
|--|---------------------|---------------------|---------------------|----------------------|-------------------------------------|
| antihemophilic factor / factor for bleeding disorders        | \$214,638           | \$247,457           | \$376,455           | 22                   | 11                                  |
| palivizumab / immune globulins                               | \$507,955           | \$605,953           | \$667,883           | 250                  | 170                                 |
| paliperidone / atypical antipsychotics                       | \$1,558,577         | \$1,433,163         | \$1,717,797         | 690                  | 601                                 |
| adalimumab / antirheumatics                                  | \$2,135,640         | \$2,097,193         | \$2,294,857         | 329                  | 291                                 |
| cysteamine / miscellaneous uncategorized agents              | \$60,853            | \$188,636           | \$188,636           | 3                    | 3                                   |
| coagulation factor ix / factor for bleeding disorders        | \$106,752           | \$84,226            | \$225,796           | 7                    | 5                                   |
| asfotase alfa / miscellaneous metabolic agents               | \$0                 | \$0                 | \$116,810           | 2                    | 2                                   |
| aripiprazole / atypical antipsychotics                       | \$885,824           | \$848,306           | \$997,663           | 3,751                | 3,414                               |
| ivacaftor-tezacaftor / CFTR combinations                     | \$179,955           | \$202,416           | \$269,869           | 15                   | 11                                  |
| corticotropin / corticotropin                                | \$239,417           | \$239,358           | \$319,092           | 3                    | 3                                   |
| elexacaftor/ivacaftor/tezacaftor / CFTR combinations         | \$719,405           | \$647,604           | \$791,121           | 37                   | 32                                  |
| dupilumab / interleukin inhibitors                           | \$522,743           | \$604,723           | \$592,430           | 194                  | 173                                 |
| pancrelipase / digestive enzymes                             | \$262,005           | \$269,985           | \$318,212           | 157                  | 142                                 |
| dornase alfa / miscellaneous respiratory agents              | \$207,812           | \$234,568           | \$262,526           | 66                   | 61                                  |
| ribociclib / CDK 4/6 inhibitors                              | \$23,954            | \$23,954            | \$77,160            | 6                    | 5                                   |
| c1 esterase inhibitor, human / factor for bleeding disorders | \$97,770            | \$91,964            | \$145,384           | 4                    | 3                                   |
| ustekinumab / interleukin inhibitors                         | \$435,910           | \$346,521           | \$479,908           | 24                   | 24                                  |
| cannabidiol / miscellaneous anticonvulsants                  | \$300,822           | \$292,579           | \$343,235           | 121                  | 109                                 |
| cariprazine / atypical antipsychotics                        | \$224,890           | \$218,264           | \$266,534           | 224                  | 210                                 |
| rufinamide / dibenzazepine anticonvulsants                   | \$148,725           | \$173,645           | \$188,676           | 62                   | 55                                  |
| valbenazine / VMAT2 inhibitors                               | \$219,400           | \$283,581           | \$257,628           | 38                   | 35                                  |
| pomalidomide / other immunosuppressants                      | \$18,297            | \$36,594            | \$54,892            | 3                    | 3                                   |
| glycerol phenylbutyrate / urea cycle disorder agents         | \$136,020           | \$146,082           | \$171,299           | 4                    | 3                                   |
| riociguat / vasodilators                                     | \$22,032            | \$31,953            | \$55,081            | 5                    | 4                                   |
| avapritinib / multikinase inhibitors                         | \$0                 | \$0                 | \$32,058            | 1                    | 1                                   |

**TABLE I: TOP 15 DRUG SOLID DOSAGE FORM HIGH VOLUME (100+ RX FILLS LAST MONTH) PRODUCTS  
WITH UNIT COST > \$1  
BY PERCENT CHANGE IN AMOUNT PAID PER UNIT OCT 2020 TO DEC 2020 (FFS and CCOs)**

| Drug Product<br>Therapeutic Category   | Dec<br>2020<br># Claims | Dec 2020<br>\$ Paid | Dec 2020<br>Avr. Paid<br>Per Rx | Dec<br>2020<br>Avr.<br>Units<br>Per Rx | Oct 2020<br>Paid<br>Per Unit | Nov 2020<br>Paid<br>Per Unit | Dec 2020<br>Paid<br>Per Unit | Percent<br>Change |
|--|-------------------------|---------------------|---------------------------------|--|------------------------------|------------------------------|------------------------------|-------------------|
| atomoxetine 60 mg capsule / CNS stimulants (P)                                       | 119                     | \$8,199             | \$68.90                         | 30                                     | \$1.73                       | \$1.86                       | \$1.92                       | 10.6%             |
| dexmethylphenidate 20 mg capsule, extended release / CNS stimulants (N)              | 134                     | \$14,743            | \$110.02                        | 30                                     | \$3.03                       | \$3.44                       | \$3.32                       | 9.6%              |
| methylphenidate 18 mg/24 hr tablet, extended release / CNS stimulants (P)            | 439                     | \$24,518            | \$55.85                         | 30                                     | \$1.40                       | \$1.54                       | \$1.50                       | 7.4%              |
| atomoxetine 25 mg capsule / CNS stimulants (P)                                       | 207                     | \$12,123            | \$58.56                         | 30                                     | \$1.51                       | \$1.51                       | \$1.58                       | 4.2%              |
| methylphenidate 36 mg/24 hr tablet, extended release / CNS stimulants (P)            | 993                     | \$73,374            | \$73.89                         | 37                                     | \$1.63                       | \$1.79                       | \$1.68                       | 2.8%              |
| methylphenidate 54 mg/24 hr tablet, extended release / CNS stimulants (P)            | 709                     | \$47,433            | \$66.90                         | 30                                     | \$1.82                       | \$2.09                       | \$1.86                       | 2.2%              |
| Eliquis (apixaban) 2.5 mg tablet / factor Xa inhibitors (P)                          | 104                     | \$45,404            | \$436.57                        | 55                                     | \$7.20                       | \$7.18                       | \$7.34                       | 1.9%              |
| buprenorphine-naloxone 8 mg-2 mg film / narcotic analgesic combinations (N)          | 861                     | \$170,713           | \$198.27                        | 47                                     | \$3.91                       | \$3.99                       | \$3.97                       | 1.5%              |
| Jardiance (empagliflozin) 10 mg tablet / SGLT-2 inhibitors (P)                       | 211                     | \$145,818           | \$691.08                        | 42                                     | \$16.37                      | \$16.48                      | \$16.57                      | 1.2%              |
| Focalin XR (dexmethylphenidate) 15 mg capsule, extended release / CNS stimulants (P) | 309                     | \$118,708           | \$384.17                        | 30                                     | \$12.38                      | \$12.53                      | \$12.52                      | 1.2%              |
| Vyvanse (lisdexamfetamine) 30 mg tablet, chewable / CNS stimulants (P)               | 242                     | \$74,646            | \$308.46                        | 30                                     | \$9.91                       | \$9.91                       | \$10.01                      | 1.0%              |
| Tivicay (dolutegravir) 50 mg tablet / integrase strand transfer inhibitor (P)        | 128                     | \$228,882           | \$1,788.14                      | 35                                     | \$53.78                      | \$54.12                      | \$54.30                      | 1.0%              |
| Jardiance (empagliflozin) 25 mg tablet / SGLT-2 inhibitors (P)                       | 300                     | \$227,448           | \$758.16                        | 44                                     | \$16.25                      | \$16.20                      | \$16.38                      | 0.8%              |

Products are only included if 100 or more fills in last month and average cost per unit in reference month was >= \$1.

**TABLE I: TOP 15 DRUG SOLID DOSAGE FORM HIGH VOLUME (100+ RX FILLS LAST MONTH) PRODUCTS  
WITH UNIT COST > \$1  
BY PERCENT CHANGE IN AMOUNT PAID PER UNIT OCT 2020 TO DEC 2020 (FFS and CCOs)**

| Drug Product<br>Therapeutic Category  | Dec<br>2020<br># Claims | Dec 2020<br>\$ Paid | Dec 2020<br>Avr. Paid<br>Per Rx | Dec<br>2020<br>Avr.<br>Units<br>Per Rx | Oct 2020<br>Paid<br>Per Unit | Nov 2020<br>Paid<br>Per Unit | Dec 2020<br>Paid<br>Per Unit | Percent<br>Change |
|---|-------------------------|---------------------|---------------------------------|--|------------------------------|------------------------------|------------------------------|-------------------|
| Dexilant (dexlansoprazole) 60 mg delayed release capsule / proton pump inhibitors (N) | 102                     | \$36,875            | \$361.52                        | 36                                     | \$9.16                       | \$9.12                       | \$9.23                       | 0.8%              |
| Saphris (asenapine) 5 mg tablet / atypical antipsychotics (P)                         | 173                     | \$135,618           | \$783.92                        | 41                                     | \$18.92                      | \$19.11                      | \$19.03                      | 0.6%              |

Products are only included if 100 or more fills in last month and average cost per unit in reference month was >= \$1.

**New Business**

**Special Analysis Projects**

**MISSISSIPPI DIVISION OF MEDICAID**  
**MS-DUR INTERVENTION / EDUCATIONAL INITIATIVE UPDATE**  
**DECEMBER 2020 – FEBRUARY 2021**

Ongoing Intervention(s):

| <b>PROVIDER SHOPPING FOR OPIOIDS<br/>(≥4 Prescribers AND ≥4 Pharmacies)</b> |                               |                          |                            |
|---|-------------------------------|--------------------------|----------------------------|
| <b>Month</b>  | <b>Prescribers<br/>Mailed</b> | <b>Pharms<br/>Mailed</b> | <b>Benes<br/>Addressed</b> |
| 20-Mar  | 7                             | 4                        | 11                         |
| 20-Apr  | 4                             | 3                        | 7                          |
| 20-May  | 3                             | 4                        | 7                          |
| 20-Jun  | 9                             | 5                        | 14                         |
| 20-Jul  | 6                             | 5                        | 11                         |
| 20-Aug  | 9                             | 4                        | 13                         |
| 20-Sep  | 10                            | 8                        | 18                         |
| 20-Oct  | 8                             | 6                        | 14                         |
| 20-Nov  | 6                             | 4                        | 10                         |
| 20-Dec  | 5                             | 4                        | 9                          |
| 21-Jan  | 3                             | 3                        | 6                          |
| 21-Feb  | 5                             | 4                        | 9                          |

One-time Initiatives:

- An educational piece on PPI deprescribing will be part of DOM's upcoming Provider Bulletin.
- An educational piece on changes in adult vaccine coverage will be part of DOM's upcoming Provider Bulletin.
- A message was distributed to state pharmacy associations informing members of the new vaccine coverage and billing guidelines.

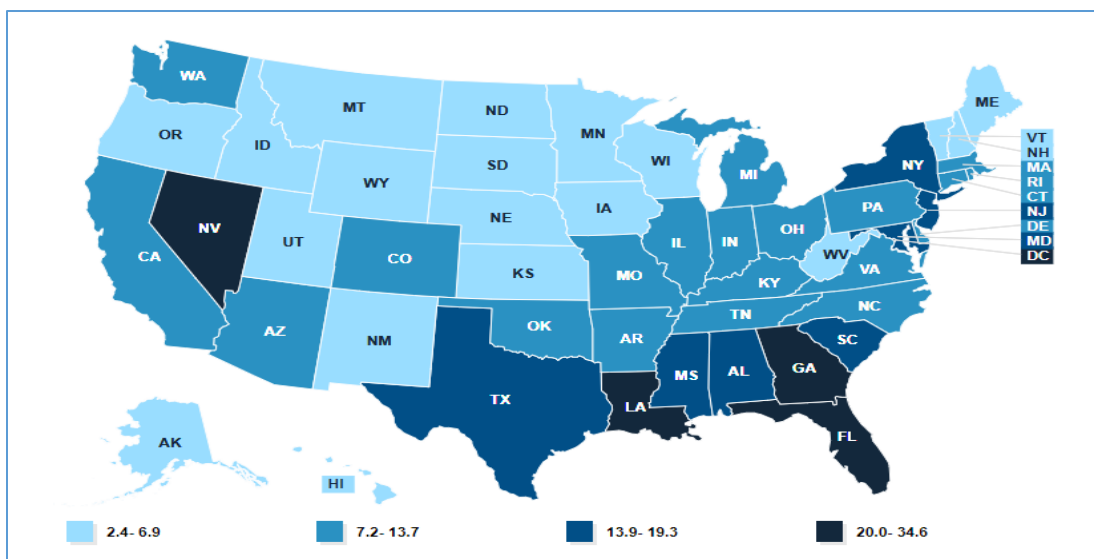
## HIV Pre-Exposure Prophylaxis

### BACKGROUND

At its peak in the mid-1990s, Acquired Immunodeficiency Syndrome (AIDS) was the leading cause of death for individuals aged 25 to 44 years in the United States.<sup>1</sup> Despite tremendous advances in care, data indicate Human Immunodeficiency Virus (HIV) infections continue to be a major public health problem in the United States and around the world. According to the Centers for Disease Control and Prevention (CDC), in 2018 over 1 million individuals in the United States and dependent areas had an HIV diagnosis with an estimated 38,000 new infections occurring that year.<sup>2</sup> While overall trends in new HIV infection rates have decreased in the US, progress has stalled in recent years.

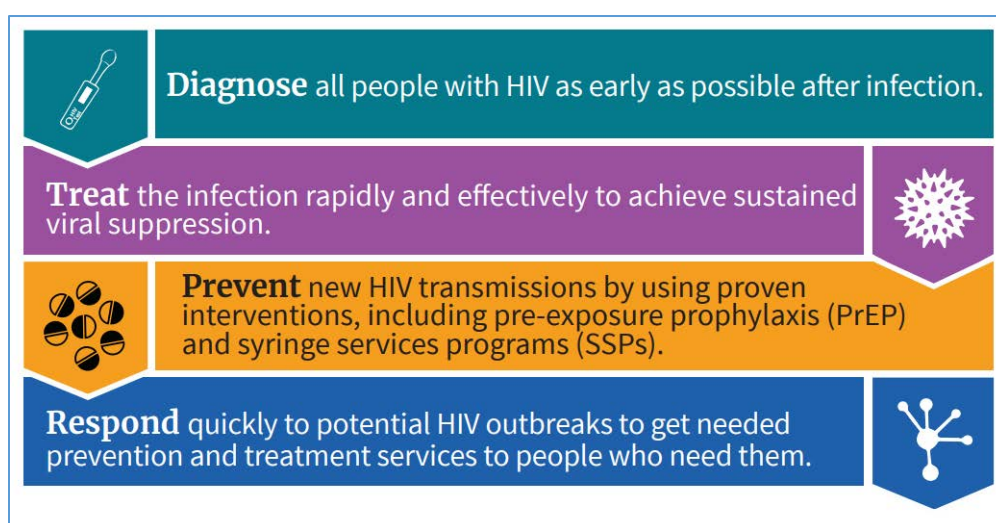
The disease burden of HIV is disproportionately distributed across the US. The overall rate of HIV diagnosis in the US in 2018 was 11.5 per 100,000 population. Individuals age 20 to 24 years and 25 to 29 years had the highest rates of HIV diagnoses per 100,000 population at 27.9 and 32.6, respectively. Incidence among Black/African Americans was more than twice the rate when compared to other racial/ethnic groups at 39.2.<sup>2</sup> Although Southern states make up 38% of the population, they accounted for 52% of new diagnoses in the US in 2018.<sup>2</sup> Drilling down even further, Mississippi was included among those states with high rates of HIV infections. According to the 2018 HIV Surveillance Report, there were over 9,000 people living with HIV in Mississippi.<sup>3</sup> In 2018, Mississippi was tied with Maryland as having the 6<sup>th</sup> highest incidence of HIV infection among adolescents and adults in the US with a diagnosis rate of approximately 19.3 per 100,000 population, while the US average diagnosis rate was 13.6 per 100,000 population.<sup>4</sup> (Figure 1) More specifically, Jackson, Mississippi had the 8<sup>th</sup> highest diagnosis rate of HIV infections (28.4) for all metropolitan statistical areas measured in the US.<sup>5</sup>

FIGURE 1: HIV Diagnosis Rates per 100,000 population for the US in 2018.<sup>4</sup>



In 2019, the US Department of Health and Human Services (HHS) launched an initiative, *Ending the HIV Epidemic: A Plan for America*.<sup>6</sup> This multi-year initiative's goal was to drastically reduce incident HIV infections in the US by 90% within 10 years. (Figure 2) The initiative was designed to rapidly increase utilization of these key components in 48 counties, plus Washington, D.C., and San Juan, Puerto Rico with the highest number of new HIV diagnoses in 2016 and 2017. Additionally seven states with a high proportion of HIV diagnoses in rural areas (Mississippi was included) were added to the focus areas.<sup>7</sup>

FIGURE 2: Ending the HIV Epidemic: A Plan for America Key Components.<sup>6</sup>



One of the primary components of this initiative is prevention, which many consider the key to eliminating HIV.<sup>8</sup> Pre-exposure prophylaxis (PrEP) is one aspect of prevention that involves the use of antiretroviral medications on a routine basis by individuals that are HIV negative who are at high-risk of being exposed to HIV. Currently, there are two FDA products approved for use as PrEP. Both products are combination antiretroviral drug formulations consisting of emtricitabine and tenofovir. The first product approved by the FDA in 2012 to be used for PrEP was Truvada®.<sup>9</sup> A second product, Descovy®, was approved in October 2019.<sup>10</sup> Both products are approved for use in PrEP for adults and adolescents > 35kg to reduce the risk of HIV infection.<sup>9,10</sup> A key factor in the effectiveness of HIV PrEP therapy is adherence. Studies have shown that PrEP can reduce the risk of acquiring HIV from sex by up to 99% and from injection drug use by 74%, but effectiveness was highly associated with the degree of adherence.<sup>11</sup>

In 2019 the US Preventive Services Task Force (USPSTF) issued updated recommendations on PrEP for the prevention of HIV infection. After a systematic review of evidence, PrEP was found to be of substantial benefit in decreasing the risk of HIV infection among high-risk persons. Adherence to PrEP was highly associated with efficacy at preventing HIV infection, and PrEP use was associated



with minimal harms.<sup>12</sup> Categories of individuals identified by USPSTF as high-risk for acquiring HIV infection include:

- **Men who have sex with men, are sexually active, and have 1 of the following characteristics:**
  - A serodiscordant sex partner (i.e., in a sexual relationship with a partner living with HIV)
  - Inconsistent use of condoms during receptive or insertive anal sex
  - A sexually transmitted infection (STI) with syphilis, gonorrhea, or chlamydia within the past 6 months
- **Heterosexually active women and men who have 1 of the following characteristics:**
  - A serodiscordant sex partner (i.e., in a sexual relationship with a partner living with HIV)
  - Inconsistent use of condoms during sex with a partner whose HIV status is unknown and who is at high risk (e.g., a person who injects drugs or a man who has sex with men and women)
  - An STI with syphilis or gonorrhea within the past 6 months
- **Persons who inject drugs and have 1 of the following characteristics**
  - Shared use of drug injection equipment
  - Risk of sexual acquisition (see above)

For Mississippi Division of Medicaid beneficiaries, PrEP medications are covered under the Universal Preferred Drug List (UPDL). Both branded Truvada® and Descovy® are preferred agents available without prior authorization requirements. To further increase access to PrEP products, DOM's Family Planning Waiver is available to **women and men** to receive family planning related services, including many medications for the treatment of sexually transmitted infections/ sexually transmitted diseases (STIs/STDs). The two medications currently approved for PrEP use are included on the list of medications covered under the Waiver.

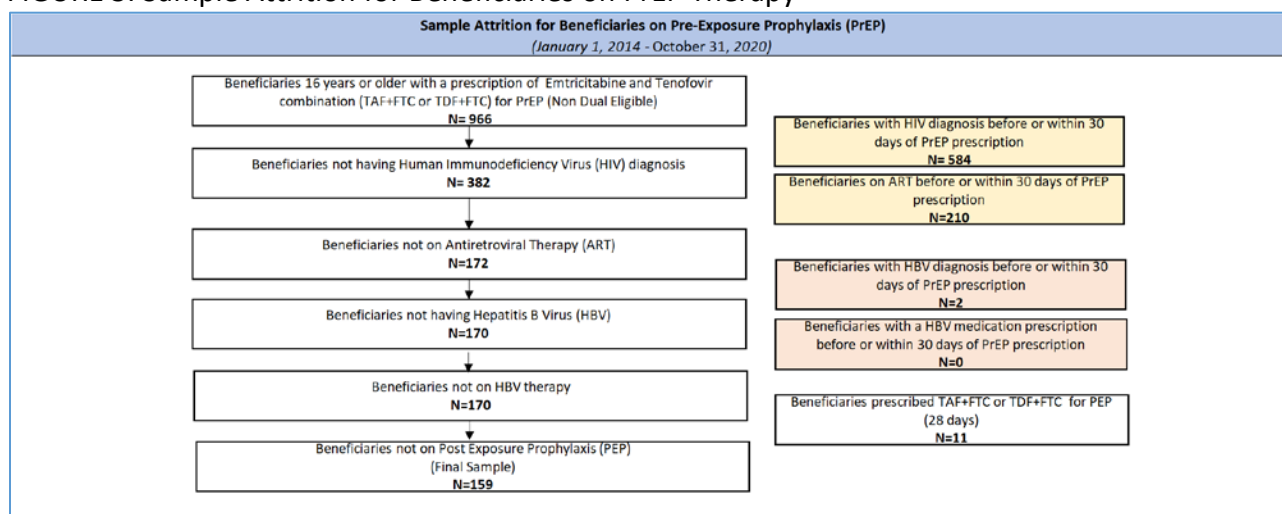
MS-DUR conducted an analysis assessing the utilization of PrEP products in Mississippi Medicaid between 2014 and 2020. A summary of those findings follows.

## **METHODS**

A retrospective analysis was conducted using Mississippi Medicaid fee-for-service (FFS) and coordinated care organization [CCOs: United Healthcare (UHC), Magnolia (MAG), and Molina (MOL)] claims for the period of January 1, 2014 to November 30, 2020. The identification period for beneficiaries on HIV Pre-Exposure Prophylaxis (PrEP) was January 1, 2014 to October 31, 2020, which allowed for a 12 month look back period and a 30-day follow-up period for every beneficiary in the sample. MS-DUR has complete medical claims in its database beginning CY 2013. Beneficiaries on (PrEP) were identified according to the algorithm developed by Wu et.al. which is used by CDC.<sup>13,14</sup> Beneficiaries aged ≥ 16 years who were prescribed tenofovir and emtricitabine (TDF+FTC or TAF+FTC) for PrEP were included in the sample. The first claim was assigned as the index date. Dual eligible beneficiaries and those age > 64 years were excluded from the study sample. Additionally, beneficiaries with a diagnosis code for Hepatitis B (HBV) or an

HIV infection (assessed from medical claims) at any time before or within 30 days after the index date were excluded from analysis.<sup>13</sup> All 25 ICD 10 diagnosis codes as well as the principal diagnosis code of each claim were checked from inpatient, outpatient and medical claim files to identify beneficiaries with HIV or HBV. Beneficiaries having a prescription intended to treat HIV or HBV (assessed from pharmacy claims), at any time before or within 30 days after the index date, were excluded from analysis.<sup>13</sup> Finally, beneficiaries prescribed TDF+FTC or TAF+FTC for Post-Exposure Prophylaxis (PEP), identified as those with a prescription for  $\leq 28$  continuous days, were excluded from the analysis.<sup>14</sup> Figure 3 provides a description of the attrition associated with the algorithm used.

FIGURE 3: Sample Attrition for Beneficiaries on PrEP Therapy



Plan was determined as of index date (earliest prescription fill date for PrEP). Information on beneficiaries' race, gender, age, and plan (FFS/UHC/MAG/MOL) were summarized in the analysis (Table 1). Age and plan were assessed as of index date. Trends in number of people utilizing PrEP was reported according to the plan as of index date, for each year from 2014-2020 (Figure 4 & Figure 5). PrEP utilization patterns for beneficiaries on PrEP were reported according to plan at index date in terms of mean duration of continuous use and length of continuous use in the following categories 29-60 days, 61-90 days and 91 days or more (Table 2). Continuous use was defined as continuous PrEP use with a maximum allowable gap of up to 14 days between consecutive prescription fills after adjusting for early refills. Code of eligibility (COE) for each index PrEP fill was reported by plan in Table 3. County level distribution of number of unique providers that prescribed PrEP during the study period was reported in Figure 6.

## RESULTS

In Table 1 demographic characteristics of beneficiaries initiated on pre-exposure prophylaxis (PrEP) between January 1, 2014 and October 31, 2020 are displayed.

- A total of 159 beneficiaries were initiated on PrEP therapy.
- 71.7% were between the ages of 18-35 years.
- 55.3% were male.
- 75.5% were African American.

| TABLE 1: Demographic Characteristics of Beneficiaries Initiated on Pre-Exposure Prophylaxis (PrEP)<br>(January 1, 2014 - October 31, 2020)   |                                    |               |     |     |     |     |     |     |     |
|--|------------------------------------|---------------|-----|-----|-----|-----|-----|-----|-----|
|  |                                    | Plan At Index |     |     |     |     |     |     |     |
| Characteristic   | Total<br>Beneficiaries<br>(N=159)* | FFS           |     | UHC |     | MAG |     | MOL |     |
|  |                                    | N             | %   | N   | %   | N   | %   | N   | %   |
| Age Category (years)   |                                    |               |     |     |     |     |     |     |     |
| 16-18  | 20                                 | 4             | 5%  | 9   | 21% | 6   | 17% | 1   | 20% |
| 18-35  | 114                                | 63            | 84% | 28  | 65% | 22  | 61% | 1   | 20% |
| 36-50  | 18                                 | 7             | 9%  | 2   | 5%  | 6   | 17% | 3   | 60% |
| 51-64  | 7                                  | 1             | 1%  | 4   | 9%  | 2   | 6%  | 0   | 0%  |
| Total  | 159                                | 75            |     | 43  |     | 36  |     | 5   |     |
| Sex  |                                    |               |     |     |     |     |     |     |     |
| Female   | 71                                 | 22            | 29% | 22  | 51% | 23  | 64% | 4   | 80% |
| Male   | 88                                 | 53            | 71% | 21  | 49% | 13  | 36% | 1   | 20% |
| Total  | 159                                | 75            |     | 43  |     | 36  |     | 5   |     |
| Race   |                                    |               |     |     |     |     |     |     |     |
| African American   | 120                                | 61            | 81% | 29  | 67% | 27  | 75% | 3   | 60% |
| Caucasian  | 28                                 | 10            | 13% | 11  | 26% | 7   | 19% | 0   | 0%  |
| Other  | 11                                 | 4             | 5%  | 3   | 7%  | 2   | 6%  | 2   | 40% |
| Total  | 159                                | 75            |     | 43  |     | 36  |     | 5   |     |
| Note: FFS - Fee-for-Service; UHC - UnitedHealthcare; MAG - Magnolia; MOL - Molina<br>*Beneficiaries on PrEP were identified according to the algorithm used by CDC/IQVIA developed by Wu et.al. which identifies persons aged ≥ 16 years who were prescribed Tenofovir and Emtricitabine for PrEP. The identification period for PrEP beneficiaries was Jan 1, 2014 to Oct 31, 2020. The first claim was the index date. Non dual eligible beneficiaries aged between 16 - 64 years were included in the study sample. Beneficiaries with a diagnosis of Hepatitis B (HBV) or an HIV infection or prescribed medications intended to treat HIV or HBV, at any time within one year prior or 30 days after the index date, were excluded from analysis. Finally, beneficiaries prescribed these agents for Post Exposure Prophylaxis (PEP), identified as those with a prescription for less than 28 continuous days, were excluded from analysis. Plan was determined as of index date (earliest date of prescription for PrEP). |                                    |               |     |     |     |     |     |     |     |

Figure 4 displays yearly trends in beneficiaries initiating PrEP Therapy.

- The maximum number of annual initiates of PrEP therapy occurred in 2019 with 40 beneficiaries.
- 2020 saw a 30% drop compared to 2019.

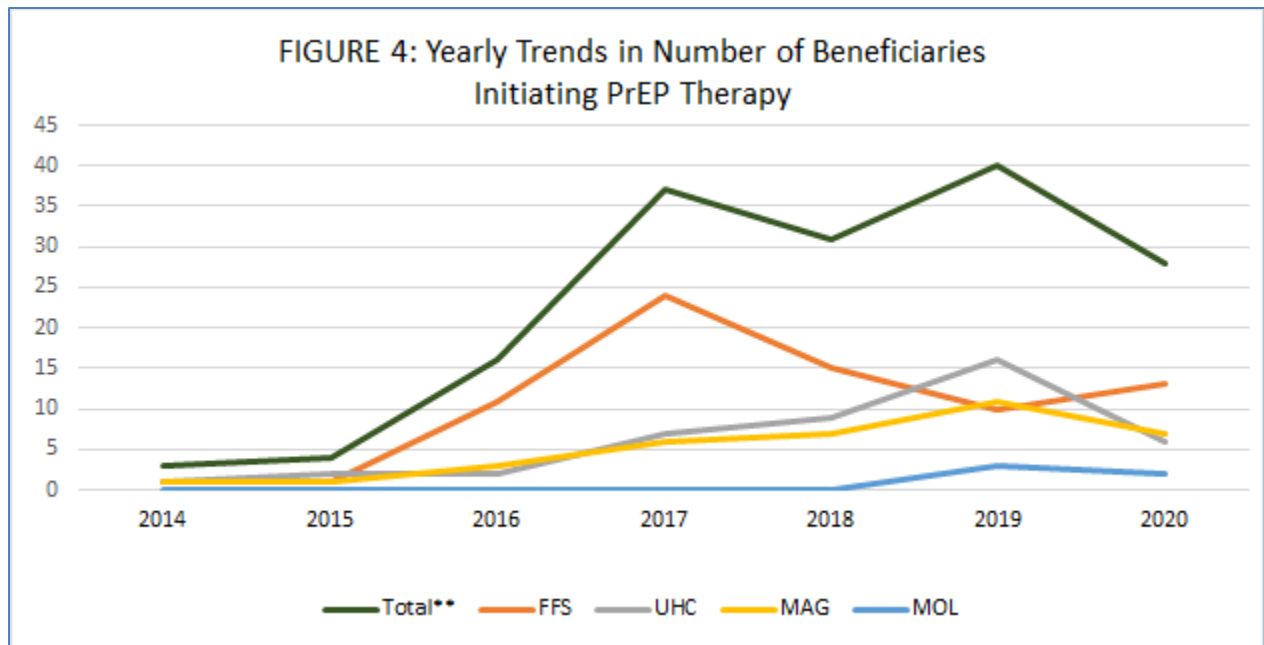
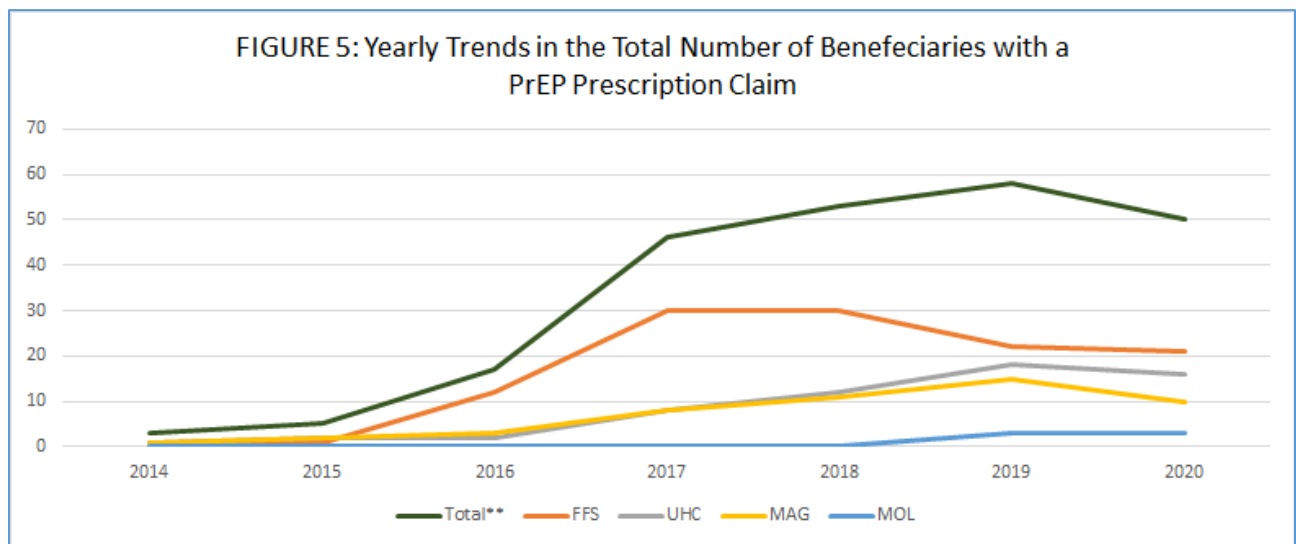


FIGURE 5 also shows a decrease in 2020 in the total number of beneficiaries having a PrEP prescription claim. These declines follow national trends associating the coronavirus disease 2019 (COVID-19) pandemic with changes in PrEP utilization. <sup>15</sup>



Length of therapy patterns for Medicaid beneficiaries prescribed PrEP products is detailed in Table 2.

- Mean length of therapy across all programs was 72.46 days.
- The majority of beneficiaries (104/159) appear to have taken PrEP  $\leq 60$  days.

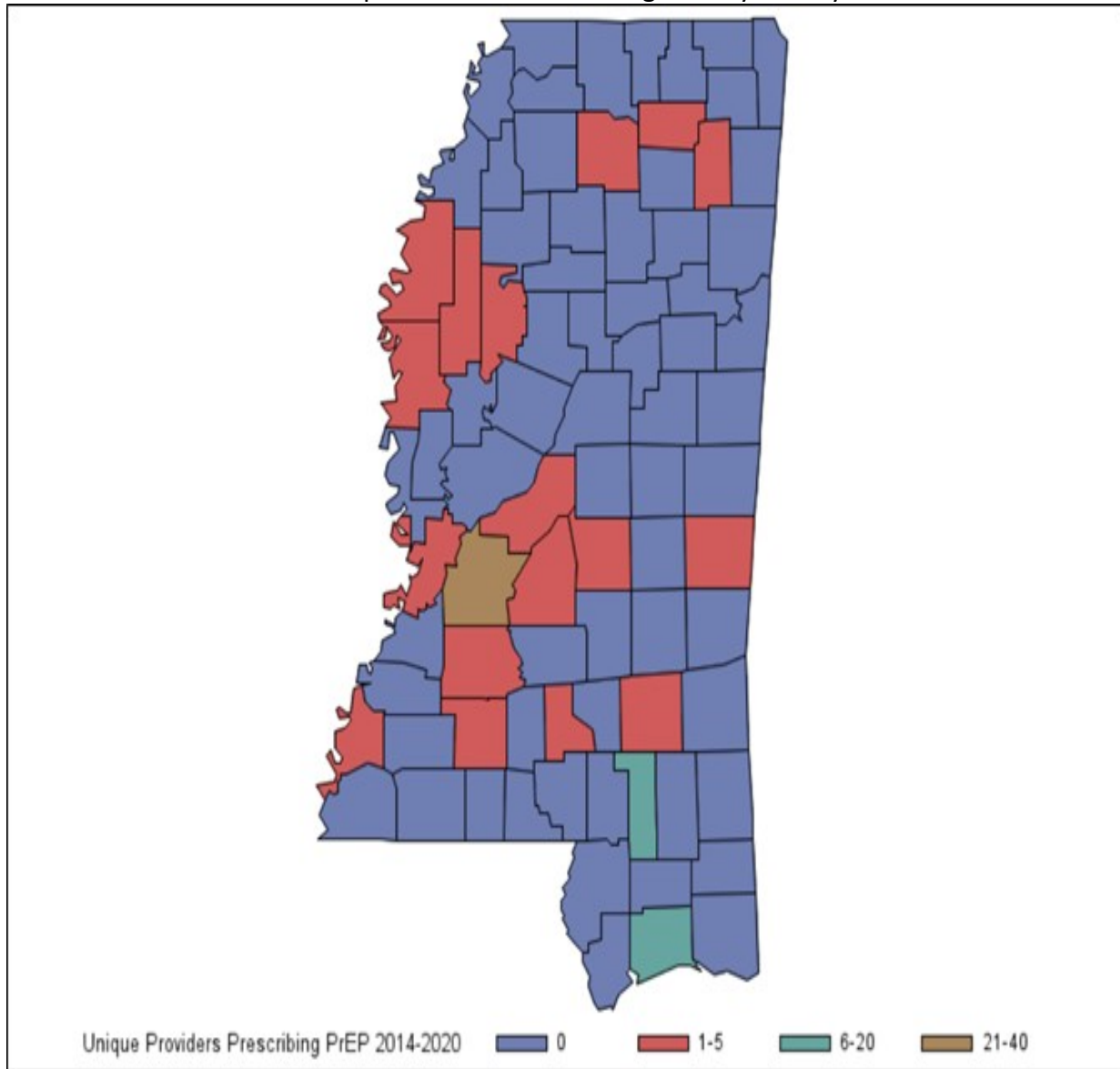
| TABLE 2: Description of PrEP Utilization Patterns Among Medicaid Beneficiaries<br>(1st January 1, 2014 - October 31, 2020)   |                                     |                             |           |           |            |
|--|-------------------------------------|-----------------------------|-----------|-----------|------------|
| Plan*  | Mean Length of Therapy<br>(Days) ** | Length of Therapy*** (Days) |           |           |            |
|  |                                     | 29-60                       | 61-90     | $\geq 91$ | Total      |
| FFS  | 76.51                               | 48                          | 7         | 20        | 75         |
| UHC  | 50.53                               | 33                          | 4         | 6         | 43         |
| MAG  | 93.64                               | 20                          | 4         | 12        | 36         |
| MOL  | 48                                  | 3                           | 1         | 1         | 5          |
| <b>Total</b>   |                                     | <b>104</b>                  | <b>16</b> | <b>39</b> | <b>159</b> |
| Notes: FFS - Fee-for-Service; UHC - UnitedHealthcare; MAG - Magnolia; MOL - Molina<br>*Plan calculated as of index date.<br>**Length of Therapy was defined as continuous PrEP use with a maximum allowable gap of up to 14 days between prescriptions.<br>***Mean duration of continuous PrEP Use |                                     |                             |           |           |            |

As mentioned earlier in the report, PrEP therapy is covered under Medicaid's Family Planning Waiver. Of the 159 beneficiaries started on PrEP therapy, 53 were covered under the Family Planning Waiver as of the index fill date. (Table 3)

| TABLE 3: Description of Code Of Eligibility Types as of Index Fill<br>(January 1, 2014 - October 31, 2020)   |           |           |           |          |            |
|--|-----------|-----------|-----------|----------|------------|
| Category   | Plan      |           |           |          |            |
| Code Of Eligibility*   | FFS       | UHC       | MAG       | MOL      | Total      |
| Family Planning  | 53        | 0         | 0         | 0        | 53         |
| Parents/Caretakers of children under the age 18<br>(EFFECTIVE: 1/1/2014)   | 5         | 11        | 13        | 1        | 30         |
| Children 6-19 with income at or below 107% FPL<br>(EFFECTIVE: 1/1/2014)  | 2         | 17        | 8         | 1        | 28         |
| SSI Individual via SDX   | 5         | 9         | 11        | 2        | 27         |
| Pregnant Women under 194%  | 2         | 2         | 1         | 1        | 6          |
| Quasi-CHIP – Children age 6 – 19 with income<br>between 107% and 133% FPL who would have<br>qualified for CHIP under per-ACA rules.<br>(EFFECTIVE: 1/1/2014) | 0         | 3         | 1         | 0        | 4          |
| Protected Foster Care  | 3         | 0         | 0         | 0        | 3          |
| Medical Assistance – Intact Family<br>(END: 12/31/2013)  | 0         | 1         | 1         | 0        | 2          |
| Working Disabled   | 0         | 0         | 1         | 0        | 1          |
| Child Under Age 19, under 100%<br>(END: 12/31/2013)  | 1         | 0         | 0         | 0        | 1          |
| <b>Total</b>   | <b>71</b> | <b>43</b> | <b>36</b> | <b>5</b> | <b>155</b> |
| Notes: Missing COE for 4 beneficiaries<br>*Code of eligibility was calculated as of the index date   |           |           |           |          |            |

One of the key components to initiating PrEP therapy is beneficiary access to providers that will identify high-risk individuals and prescribe PrEP. Providers were identified across the state that had prescribed PrEP to Medicaid beneficiaries during the study period. (Figure 6)

FIGURE 6: Distribution of Unique Providers Prescribing PrEP by County



A total of 76 Providers across 20 counties prescribed PrEP therapies to Medicaid beneficiaries between 2014–2020.

- Hinds county accounted for 48.7% (37) of the providers prescribing PrEP therapies.
- Only 24.4% (20) of the 82 counties in MS had a provider prescribe PrEP to a Medicaid beneficiary.
- 55% (11/20) of the counties where PrEP was prescribed only had 1 provider.

## CONCLUSIONS

HIV infections continue to be a major public health issue in the United States, with Mississippi among the highest states in the nation in HIV incidence rates. One of the keys to ending the HIV epidemic is prevention through PrEP. PrEP therapy is covered under Medicaid's UPDL with no prior authorization criteria needed and is also included under the Family Planning Waiver. Even with no restrictions to access, there have been only 159 beneficiaries initiated on PrEP therapy since January 2014. In order for PrEP therapy to be effective in reducing incident HIV infections in Mississippi, more high-risk individuals need to be identified and initiated on PrEP therapy.

## RECOMMENDATION

1. The Division of Medicaid should conduct provider education on PrEP therapy to include:
  - Incidence rates for HIV infections in Mississippi;
  - Categories of individuals identified as being high-risk for acquiring HIV infection;
  - Preferred status of PrEP products on UPDL;
  - Inclusion of PrEP products as covered medications under the Family Planning Waiver for both males and females;
  - Need for more providers around the state to identify high-risk beneficiaries and prescribe PrEP.
2. MS-DUR to conduct future research related to PrEP utilization in the Medicaid population to include:
  - Compare sociodemographic, clinical, and social determinant of health characteristics between PrEP utilizers and those newly diagnosed with HIV infections;
  - Assess PrEP persistence patterns and predictors of PrEP persistence;
  - Assess geographical disparities in PrEP uptake and persistence;
  - Assess potential barriers to PrEP therapy (social stigma, provider stigma, adherence, lab monitoring, etc.).

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## Epidiolex Utilization

### BACKGROUND

Epidiolex (cannabidiol) was approved by the US Food and Drug Administration (FDA) on June 25, 2018, making it the first and only plant-derived, purified, pharmaceutical-grade, cannabidiol (CBD) prescription medication.<sup>1</sup> CBD is considered a phytocannabinoid, a chemical found within cannabis plants that interacts with cannabinoid receptors throughout the body, from neurons in the brain and peripheral nervous system to the thyroid, liver, gastrointestinal tract, and immune cells.<sup>2,3</sup> While the exact mechanism of action is unknown, CBD has been found to be effective in treatment-resistant epilepsy. Unlike THC, another phytocannabinoid having antiepileptic effects, CBD has no known abuse potential and lacks detectable psychoactive properties, providing patients the benefit of reduction in seizure frequency while experiencing minimal psychoactive side effects.<sup>3</sup>

Epidiolex is available as an oral solution and is indicated for the treatment of seizures associated with Lennox-Gastaut syndrome (LGS), Dravet syndrome (DS), or tuberous sclerosis complex (TSC) in patients 1 year of age and older.<sup>4,5</sup> Several phase 3, randomized, placebo-controlled clinical trials have demonstrated that Epidiolex is effective and well tolerated when added to conventional antiepileptic regimens for these indications.<sup>6-9</sup> Dosing of Epidiolex should be initiated at 2.5 mg/kg by mouth twice daily, and titrated up in weekly increments of 2.5 mg/kg twice daily as necessary and tolerated to a maximum dose of 20 mg/kg/day for LGS and DS and 25 mg/kg/day for TSC.<sup>4,5</sup> Common adverse drug effects occurring in greater than 10% of trial participants included somnolence, fatigue, rash, decreased appetite, diarrhea, insomnia, infection, and elevated liver transaminases.<sup>6-9</sup>


Epidiolex is considered an add-on therapy for treatment-resistant epilepsy, where patients are typically inadequately controlled on at least one antiepileptic drug (AED).<sup>4,5</sup> Valproate is commonly considered first-line treatment for LGS, with clonazepam, topiramate, lamotrigine, felbamate, clobazam, rufinamide, and Epidiolex considered adjunctive treatment options.<sup>10</sup> Clobazam and valproate are common first-line treatment options for DS, with stiripentol, topiramate, clonazepam, levetiracetam, zonisamide, ethosuximide, fenfluramine, and Epidiolex serving as second- and third-line treatment options.<sup>11</sup> There are many AEDs commonly used for the control of seizures associated with TSC and their use depends on several factors including seizure type, affected individual's age, other organ systems impacted, and symptom severity; however the only medications with FDA approved indications for the treatment of seizures associated with tuberous sclerosis are Epidiolex and Afinitor (everolimus).<sup>12,13</sup>

While Epidiolex is the only FDA-approved prescription CBD product, there are other cannabidiol containing products on the market, including hemp oil nationally and medical marijuana and CBD supplements in select states. In Mississippi, Initiative 65, a measure allowing qualified patients with debilitating medical conditions (including epilepsy and other seizures) to use medical marijuana, was passed by voters in November 2020. This amendment allows medical marijuana to

be provided only by licensed treatment centers.<sup>14</sup> Despite their availability, these other products are not federally regulated and either have mixed or are completely lacking efficacy and safety data in relation to seizures.<sup>15</sup>

Epidiolex is nonpreferred on the Universal Preferred Drug List (UPDL) with the following SmartPA requirements: minimum age limit of 1 year, diagnosis requirements, and prior anticonvulsant use requirements for those with a diagnosis of Lennox Gastaut. (Figure 1)

FIGURE 1: Mississippi Medicaid UPDL Listing for Epidiolex

| <div>  <div> <b>MISSISSIPPI DIVISION OF MEDICAID</b><br/> <b>UNIVERSAL PREFERRED DRUG LIST</b><br/>           (For All Medicaid, MSCAN and CHIP Beneficiaries)         </div> <div>           EFFECTIVE 01/01/2021<br/>           Version 2021.7a<br/>           Updated: 01-31-2021         </div> </div> |   |   |  |
|---|---|---|--|
| Conduent's SmartPA Pharmacy Application (SmartPA) is a proprietary electronic prior authorization system used for Medicaid fee for service claims. MSCAN plans may/may not have electronic PA functionality. However, they must adhere to Medicaid's PA criteria.   |   |   |  |
| THERAPEUTIC DRUG CLASS  | PREFERRED AGENTS  | NON-PREFERRED AGENTS  | PA CRITERIA  |
| <b>ANTICONVULSANTS</b> SmartPA  |   |   |  |
|   | <b>ADJUVANTS</b>  |   |  |
|   | carbamazepine<br>carbamazepine suspension<br>carbamazepine ER<br>DEPAKOTE ER (divalproex)<br>DEPAKOTE SPRINKLE (divalproex)<br>divalproex   | APTIOM (eslicarbazepine)<br>BANZEL (rufinamide)<br>BRIVIACT (brivaracetam)<br>carbamazepine XR<br>CARBATROL (carbamazepine)<br>DEPAKENE (valproic acid)   | <b>Minimum Age Limit</b><br>• 1 year – Banzel, Epidiolex<br>• 2 years – Diacomit, Onfi, Sympazan<br><br><b>Non-Preferred Criteria</b>  |
|   | divalproex ER<br>divalproex sprinkle<br>EPITOL (carbamazepine)<br>gabapentin<br>GABITRIL (tiagabine)<br>lamotrigine<br>levetiracetam<br>levetiracetam ER<br>oxcarbazepine<br>oxcarbazepine suspension<br>topiramate tablet<br>topiramate sprinkle capsule<br>valproic acid<br>VIMPAT (lacosamide)<br>zonisamide | DEPAKOTE (divalproex)<br>DIACOMIT (stiripentol)<br>EPIDIOLEX (cannabidiol)<br>EQUETRO (carbamazepine)<br>felbamate<br>FELBATOL (felbamate)<br><b>FINTEPLA (fenfluramine)</b><br>FYCOMPA (perampanel)<br>KEPPRA (levetiracetam)<br>KEPPRA XR (levetiracetam)<br>LAMICTAL (lamotrigine)<br>LAMICTAL CHEWABLE (lamotrigine)<br>LAMICTAL ODT (lamotrigine)<br>LAMICTAL XR (lamotrigine)<br>lamotrigine ER/XR<br>lamotrigine ODT<br>NEURONTIN (gabapentin)<br>OXTELLAR XR (oxcarbazepine)<br>QUDEXY XR (topiramate)<br>ROWEEPRA (levetiracetam)<br>SABRIL (vigabatrin)<br>SPRITAM (levetiracetam)<br>STAVZOR (valproic acid)<br>TEGRETOL (carbamazepine)<br>TEGRETOL SUSPENSION (carbamazepine)<br>TEGRETOL XR (carbamazepine)<br>tiagabine<br>TOPAMAX TABLET (topiramate)<br>TOPAMAX Sprinkle (topiramate)<br>topiramate ER (generic Qudexy XR) <small>Step Edit</small><br>TRILEPTAL Tablets (oxcarbazepine)<br>TRILEPTAL Suspension (oxcarbazepine) | • Have tried 2 different preferred agents in the past 6 months <b>OR</b><br>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b><br>• Documented diagnosis of seizure<br><br><b>Banzel, Onfi, Sympazan</b><br>• Documented diagnosis of Lennox-Gastaut <b>AND</b><br>• Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months <b>OR</b><br>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b><br>• Documented diagnosis of seizure<br><br><b>Diacomit</b><br>• Documented diagnosis of Dravet syndrome <b>AND</b><br>• Active claim for clobazam<br><br><b>Epidiolex</b><br>• Documented diagnosis of Dravet syndrome or seizures associated with tuberous sclerosis complex <b>OR</b><br>• Documented diagnosis of Lennox-Gastaut <b>AND</b><br>• Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months <b>OR</b><br>• 1 claim for the requested agent in the past 30 days |

Since its FDA approval in 2018, Epidiolex use has steadily risen in Mississippi Medicaid. MS-DUR conducted an analysis of Epidiolex utilization trends among Medicaid beneficiaries from June 2018 through December 2020.

## METHODS

A retrospective analysis was conducted using Mississippi Medicaid fee-for-service (FFS) and coordinated care organization [CCOs: United Healthcare (UHC), Magnolia (MAG), and Molina (MOL)] claims for the period June 2018 to December 2020 to identify beneficiaries prescribed Epidiolex. Beneficiary age, race, sex, and health plan were identified according to the first claim of Epidiolex (index date) during the study period (Table 1). Target diagnoses were assessed in medical claims data during the period beginning January 2016 until the Epidiolex index date (Table 2). A beneficiary was considered to have a target diagnosis if medical claims data contained an ICD-code for any of the associated diagnoses during the measurement period. Quarterly trends in Epidiolex utilization by number of beneficiaries, pharmacy claims, and associated pharmacy costs were summarized (Tables 3-4, Figure 2). For each Epidiolex claim, characteristics of prescribing providers were also identified (Table 5). Quarterly dosing trends in Epidiolex utilization were evaluated and descriptive statistics were assessed during the study period (Figures 3a-e). Daily Epidiolex dose was calculated by taking the product of the submitted quantity on the claim (ml) and the strength of the product (100mg/ml) divided by the days supply submitted for that claim. Antiepileptic drug utilization in a 90-day period pre and post-Epidiolex utilization was assessed from pharmacy claims data (Tables 6-7). Trends in drug use were summarized by ranking utilization based on number of beneficiaries prescribed the drug and associated costs. Concurrent antiepileptic drug use was also summarized by number of distinct drugs and drug categories used in the pre and post-Epidiolex period.

## RESULTS

In Table 1, beneficiary demographic characteristics are presented for those prescribed Epidiolex.

- 70.1% (115/164) of beneficiaries were < 18 years of age;
- 60.4% (99/164) were males;
- 52.4% (86/164) were Caucasian;
- 55% (91/164) were in FFS

| Table 1. Demographic Characteristics of Beneficiaries Prescribed Epidiolex<br>(June 2018* - December 2020)                        |           |       |           |       |           |       |          |       |            |
|---|-----------|-------|-----------|-------|-----------|-------|----------|-------|------------|
| Variable  | FFS       |       | UHC       |       | Magnolia  |       | Molina   |       | Total      |
| <b>Age Category (yrs)</b>   |           |       |           |       |           |       |          |       |            |
| 0 - 6   | 15        | 16.5% | 13        | 43.3% | 9         | 23.7% | 1        | 20.0% | 38         |
| 7 - 12  | 24        | 26.4% | 1         | 3.3%  | 13        | 34.2% | 1        | 20.0% | 39         |
| 13 - 17   | 28        | 30.8% | 6         | 20.0% | 4         | 10.5% | 0        | 0.0%  | 38         |
| 18 and above  | 24        | 26.4% | 10        | 33.3% | 12        | 31.6% | 3        | 60.0% | 49         |
| <b>Total</b>  | <b>91</b> |       | <b>30</b> |       | <b>38</b> |       | <b>5</b> |       | <b>164</b> |
| <b>Gender</b>   |           |       |           |       |           |       |          |       |            |
| Female  | 33        | 36.3% | 12        | 40.0% | 17        | 44.7% | 3        | 60.0% | 65         |
| Male  | 58        | 63.7% | 18        | 60.0% | 21        | 55.3% | 2        | 40.0% | 99         |
| <b>Total</b>  | <b>91</b> |       | <b>30</b> |       | <b>38</b> |       | <b>5</b> |       | <b>164</b> |
| <b>Race</b>   |           |       |           |       |           |       |          |       |            |
| Caucasian   | 56        | 61.5% | 8         | 26.7% | 21        | 55.3% | 1        | 20.0% | 86         |
| African American  | 23        | 25.3% | 8         | 26.7% | 9         | 23.7% | 2        | 40.0% | 42         |
| Hispanic  | 2         | 2.2%  | 1         | 3.3%  | 0         | 0.0%  | 0        | 0.0%  | 3          |
| Other   | 10        | 11.0% | 13        | 43.3% | 8         | 21.1% | 2        | 40.0% | 33         |
| <b>Total</b>  | <b>91</b> |       | <b>30</b> |       | <b>38</b> |       | <b>5</b> |       | <b>164</b> |
| *Although the study period started from June 2018 when Epidiolex was approved, pharmacy claims were not seen until November 2018. |           |       |           |       |           |       |          |       |            |
| NOTE: Age and health plan were assessed at the first Epidiolex claim referred to as the index date.                               |           |       |           |       |           |       |          |       |            |

Table 2 examines target diagnoses associated with beneficiaries prescribed Epidiolex. Medical claims data was evaluated from January 2016 (> 2 years prior to the first Epidiolex claim) to identify target diagnoses. A beneficiary could have more than one target diagnosis present in claims data. Each target diagnosis identified in claims data was noted in Table 2.

- 22.6% (37/164) of beneficiaries did not have a target diagnosis present in claims data.
  - *Dravet syndrome did not have a specific ICD-10 diagnosis code assigned until late 2020. Other ICD-10 codes commonly utilized for Dravet syndrome (G40.40, G40.41) were also used in identifying beneficiaries with that diagnosis.*
- 18.3% (30/164) of beneficiaries had dual target diagnoses present in claims data.

| Table 2: Summary of Target Diagnoses for Beneficiaries Prescribed Epidiolex                 |                       |              |
|---|-----------------------|--------------|
| Target Diagnoses*   | Beneficiaries (N=164) |              |
|   | n                     | %            |
| Lennox-Gastaut Syndrome   | 57                    | 34.8%        |
| Dravet Syndrome   | 92                    | 56.1%        |
| Tuberous Sclerosis Complex  | 8                     | 4.9%         |
| <b>No Associated Diagnoses</b>  | <b>37</b>             | <b>22.6%</b> |
| *Target diagnoses were evaluated from January 2016 until Epidiolex index date.              |                       |              |
| NOTE: Numbers are not unique across diagnoses, same beneficiary may have multiple diagnoses |                       |              |

**Additional information for Table 2:**

A beneficiary was considered to have target diagnoses if they had any claim with ICD-10 code for the said diagnoses during the evaluation period. ICD-10 codes assessed were as follows:

Epilepsy: G40\*

Lennox-Gastaut Syndrome: G40.81\*

Dravet Syndrome: G40.83\*, G40.40\*, G40.41\* [ICD-10 code specific for Dravet Syndrome (G40.83\*) was not approved until late 2020. 92 benes having a diagnosis of Dravet syndrome is based on ICD-10 codes G40.40\* and G40.41\*.]

Tuberous Sclerosis Complex: Q85.1

Of the 164 benes initiating Epidiolex, 37 beneficiaries did not have associated diagnoses. Among the remaining 127 beneficiaries, 30 beneficiaries had dual diagnoses (28 for LGS and DS, 1 for LGS and TSC, and 1 for DS and TSC); therefore, 97/164 (59.1%) unique beneficiaries had a single diagnosis.

Tables 3a/b detail quarterly trends in Epidiolex utilization by number of claims and number of beneficiaries.

- There have been a total of 2,061 claims for Epidiolex with 55.7% (1,148) in FFS.
- The total number of quarterly claims/beneficiaries treated rose consistently through Q2/2020 after which the numbers leveled off.

| Table 3a: Trends in Epidiolex Utilization by Pharmacy Claims<br>(November 2018 - December 2020) |              |            |            |           |              |
|---|--------------|------------|------------|-----------|--------------|
| Quarter   | Plan         |            |            |           | Total        |
|   | FFS          | UHC        | Magnolia   | Molina    |              |
| Q4 2018   | 8            | 1          | 2          | 0         | 11           |
| Q1 2019   | 68           | 3          | 25         | 0         | 96           |
| Q2 2019   | 106          | 16         | 40         | 7         | 169          |
| Q3 2019   | 128          | 35         | 55         | 11        | 229          |
| Q4 2019   | 147          | 47         | 57         | 8         | 259          |
| Q1 2020   | 167          | 59         | 64         | 12        | 302          |
| Q2 2020   | 189          | 68         | 71         | 6         | 334          |
| Q3 2020   | 165          | 78         | 73         | 9         | 325          |
| Q4 2020   | 170          | 73         | 78         | 15        | 336          |
| <b>Total</b>  | <b>1,148</b> | <b>380</b> | <b>465</b> | <b>68</b> | <b>2,061</b> |

| Table 3b. Trends in Epidiolex Utilization by Beneficiaries<br>(November 2018 - December 2020) |              |            |            |           |              |
|---|--------------|------------|------------|-----------|--------------|
| Quarter   | Plan         |            |            |           | Total        |
|   | FFS          | UHC        | Magnolia   | Molina    |              |
| Q4 2018   | 8            | 1          | 2          | 0         | 11           |
| Q1 2019   | 65           | 3          | 24         | 0         | 92           |
| Q2 2019   | 99           | 14         | 38         | 7         | 158          |
| Q3 2019   | 119          | 35         | 53         | 9         | 216          |
| Q4 2019   | 137          | 46         | 54         | 8         | 245          |
| Q1 2020   | 159          | 53         | 59         | 10        | 281          |
| Q2 2020   | 178          | 60         | 63         | 6         | 307          |
| Q3 2020   | 153          | 74         | 67         | 8         | 302          |
| Q4 2020   | 158          | 63         | 68         | 14        | 303          |
| <b>Total*</b>   | <b>1,076</b> | <b>349</b> | <b>428</b> | <b>62</b> | <b>1,915</b> |

\*Does not represent unique beneficiaries.

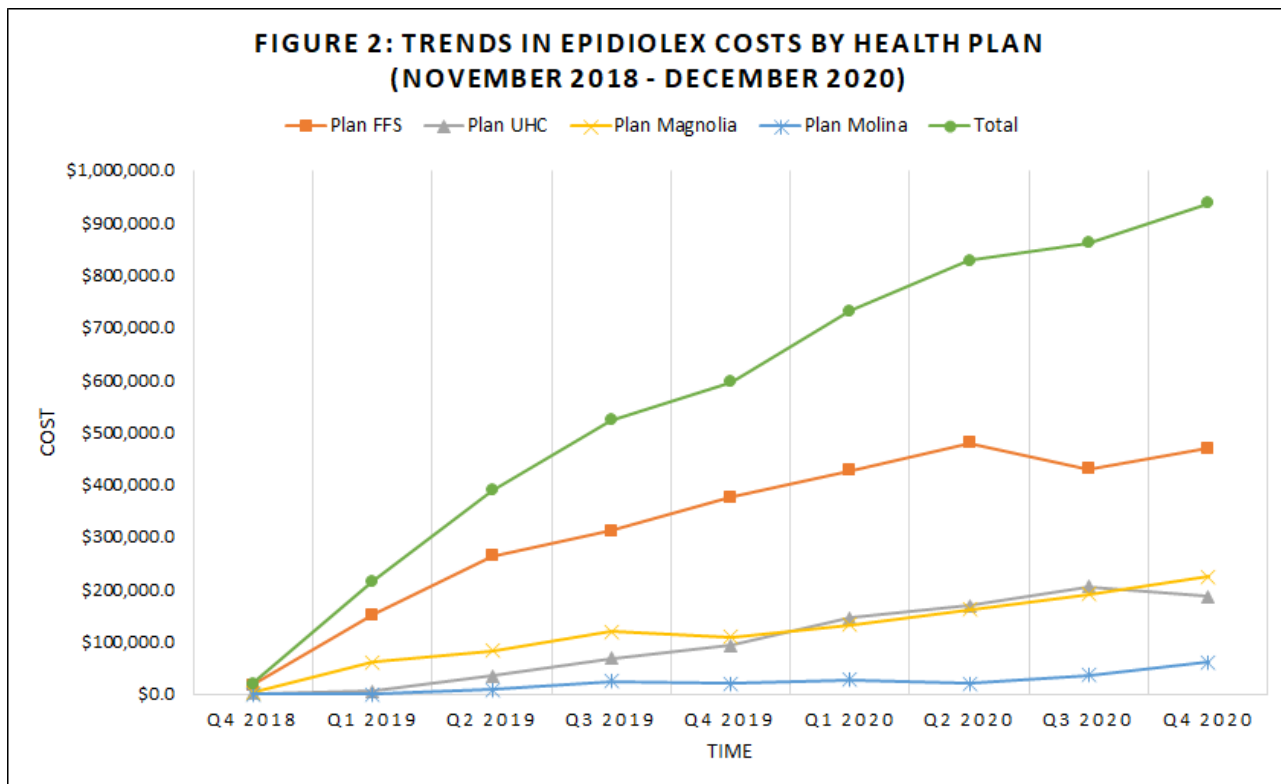
In Table 4/Figure 2, quarterly trends in costs associated with Epidiolex are shown.

- Total quarterly costs have consistently climbed every quarter although the number of beneficiaries treated quarterly leveled off in Q2/2020.
- The cost/beneficiary treated has risen from \$1,775/beneficiary in Q4/2018 to \$3,095/beneficiary Q4/2020.

| Quarter       | Total number of beneficiaries | Plan               |                  |                    |                  | Total              | Costs per Beneficiary |
|---------------|-------------------------------|--------------------|------------------|--------------------|------------------|--------------------|-----------------------|
|               |                               | FFS                | UHC              | Magnolia           | Molina           |                    |                       |
| Q4 2018       | 11                            | \$16,213           | \$1,320          | \$1,986            | \$0              | \$19,520           | \$1,775               |
| Q1 2019       | 92                            | \$150,528          | \$5,181          | \$60,115           | \$0              | \$215,824          | \$2,346               |
| Q2 2019       | 158                           | \$263,917          | \$34,277         | \$82,346           | \$8,159          | \$388,699          | \$2,460               |
| Q3 2019       | 216                           | \$311,547          | \$67,862         | \$118,869          | \$24,778         | \$523,056          | \$2,422               |
| Q4 2019       | 245                           | \$376,104          | \$92,716         | \$108,226          | \$19,045         | \$596,091          | \$2,433               |
| Q1 2020       | 281                           | \$426,605          | \$145,841        | \$132,347          | \$26,440         | \$731,232          | \$2,602               |
| Q2 2020       | 307                           | \$478,606          | \$169,087        | \$161,386          | \$19,083         | \$828,162          | \$2,698               |
| Q3 2020       | 302                           | \$429,005          | \$205,261        | \$191,057          | \$36,020         | \$861,343          | \$2,852               |
| Q4 2020       | 303                           | \$468,530          | \$185,986        | \$223,353          | \$60,036         | \$937,904          | \$3,095               |
| <b>Total*</b> | <b>1,915</b>                  | <b>\$2,921,055</b> | <b>\$907,531</b> | <b>\$1,079,685</b> | <b>\$193,561</b> | <b>\$5,101,832</b> |                       |

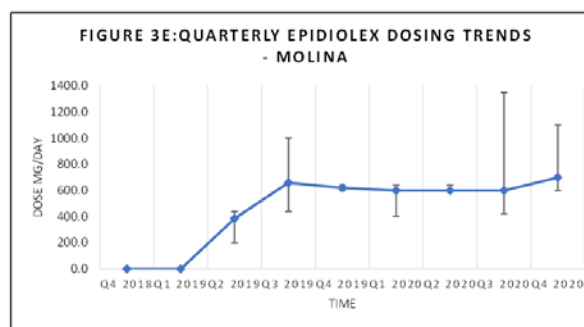
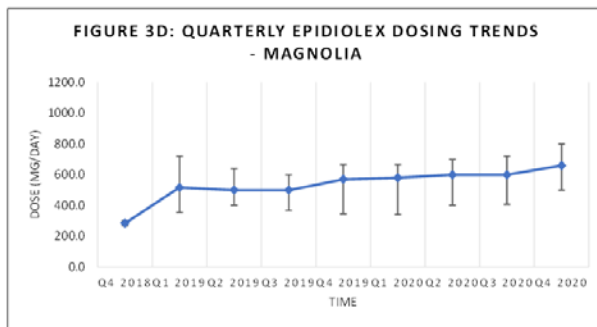
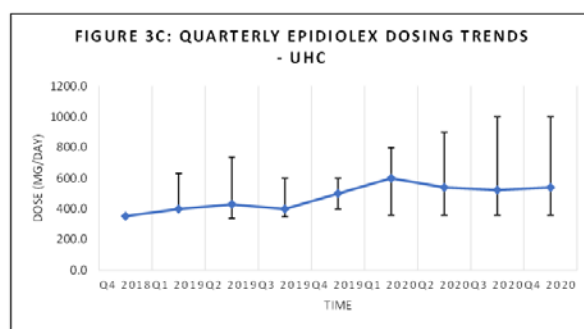
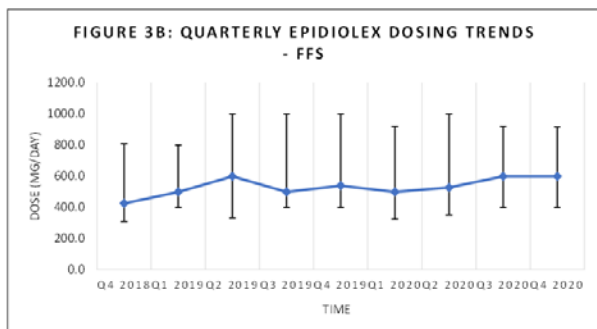
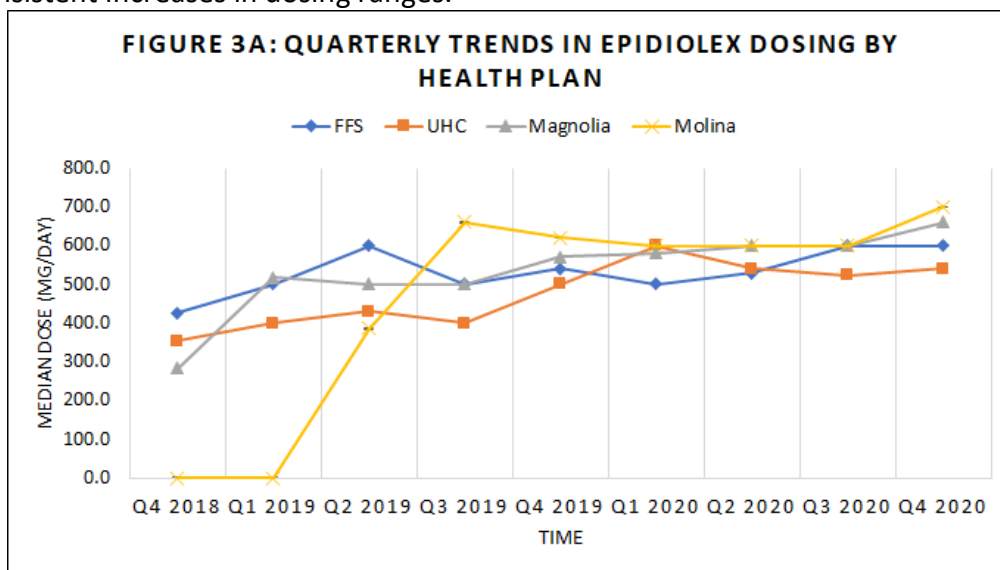
\*Does not represent unique beneficiaries.

NOTE: This table is based on Table 3b in terms of Epidiolex utilization trends by beneficiaries.



With the number of beneficiaries being treated leveling off in Q2/2020 yet the total costs and costs/beneficiary continuing to rise, MS-DUR assessed Epidiolex dosing trends. Figure 3a details quarterly dosing trends. Figures 3b-e show trends for each plan. Median daily dose point estimates and interquartile ranges are displayed for each quarter.

- Generally speaking, median daily dose has steadily risen across all plans with a few peaks occurring throughout the analysis period.
- When examining interquartile ranges, Magnolia and UHC appear to have had the largest consistent increases in dosing ranges.





Upon examining provider characteristics, neurologists and pediatricians made up the majority of prescribers associated with Epidiolex claims. (Table 5)

| <b>Table 5: Characteristics of Providers Prescribing Epidiolex<br/>(November 2018 - December 2020)<br/>(N=164)</b> |                         |                         |
|--|-------------------------|-------------------------|
| <b>Provider type</b>   | <b>Number of claims</b> | <b>Number of benes*</b> |
| MD-Neurology   | 876                     | 77                      |
| MD-Pediatrics  | 879                     | 75                      |
| NP-FM  | 78                      | 15                      |
| Prov-Other   | 83                      | 9                       |
| NP - Other   | 29                      | 5                       |
| MD-Sleep   | 5                       | 1                       |
| Missing  | 111                     | 14                      |
| <b>Total</b>   | <b>2,061</b>            | <b>196</b>              |
| *Beneficiary numbers are not additive as one beneficiary can see multiple providers.                               |                         |                         |

Tables 6a/b describe antiepileptic medication utilization during the 90-day period prior to and immediately following Epidiolex initiation.

- Spending on antiepileptic medications, excluding Epidiolex, in beneficiaries prescribed Epidiolex decreased from \$1,214,165 prior to initiating Epidiolex to \$1,061,593 after initiating Epidiolex. This is a decrease of \$152,572.
- The additional spending accounted for by Epidiolex was \$993,157

| Table 6a: Pre-Epidiolex Utilization Trends of Antiepileptic Drugs Among Beneficiaries Prescribed Epidiolex between November 2018 - December 2020 |                  |                  |                   |                           |                          |
|--|------------------|------------------|-------------------|---------------------------|--------------------------|
| Drug name  | Number of claims | Number of benes* | Total amount paid | Rank based on amount paid | Rank based on # of benes |
| Vigabatrin   | 35               | 11               | \$448,944         | 1                         | 16                       |
| Clobazam   | 191              | 67               | \$265,718         | 2                         | 1                        |
| Rufinamide   | 83               | 30               | \$203,345         | 3                         | 7                        |
| Lacosamide   | 146              | 47               | \$127,472         | 4                         | 5                        |
| Perampanel   | 50               | 18               | \$49,807          | 5                         | 12                       |
| Diazepam   | 112              | 48               | \$28,760          | 6                         | 4                        |
| Felbamate  | 25               | 9                | \$20,142          | 7                         | 17                       |
| Brivaracetam   | 15               | 7                | \$17,235          | 8                         | 18                       |
| Eslicarbazepine  | 10               | 4                | \$10,245          | 9                         | 19                       |
| Oxcarbazepine  | 41               | 14               | \$6,779           | 10                        | 14                       |
| Levetiracetam  | 132              | 51               | \$5,818           | 11                        | 2                        |
| Topiramate   | 49               | 21               | \$4,957           | 12                        | 10                       |
| Lamotrigine  | 77               | 22               | \$4,420           | 13                        | 9                        |
| Divalproex Sodium  | 67               | 24               | \$3,869           | 14                        | 8                        |
| Zonisamide   | 143              | 41               | \$3,046           | 15                        | 6                        |
| Clonazepam   | 107              | 50               | \$2,929           | 16                        | 3                        |
| Phenobarbital  | 54               | 20               | \$2,875           | 17                        | 11                       |
| Midazolam  | 4                | 3                | \$2,685           | 18                        | 20                       |
| Pregabalin   | 5                | 2                | \$2,670           | 19                        | 22                       |
| Valproic Acid  | 42               | 18               | \$1,017           | 20                        | 12                       |
| Lorazepam  | 30               | 14               | \$434             | 21                        | 14                       |
| Gabapentin   | 9                | 3                | \$382             | 22                        | 20                       |
| Acetazolamide  | 5                | 2                | \$377             | 23                        | 22                       |
| Primidone  | 5                | 2                | \$128             | 24                        | 22                       |
| Phenytoin  | 4                | 2                | \$109             | 25                        | 22                       |

\*Only 158/164 (96.3%) beneficiaries had information on pre-Epidiolex pharmacy utilization in the prior 90-day period.  
 \*beneficiary numbers are not cumulative.

| Table 6b: Concurrent Utilization Trends of Antiepileptic Drugs Among Beneficiaries Prescribed Epidiolex between November 2018 - December 2020 |                  |                  |                   |                           |                          |
|---|------------------|------------------|-------------------|---------------------------|--------------------------|
| Drug name   | Number of claims | Number of benes* | Total amount paid | Rank based on amount paid | Rank based on # of benes |
| Cannabidiol   | 533              | 164              | \$993,157         | 1                         | 1                        |
| Vigabatrin  | 26               | 10               | \$338,594         | 2                         | 16                       |
| Rufinamide  | 81               | 30               | \$214,468         | 3                         | 8                        |
| Clobazam  | 161              | 64               | \$197,506         | 4                         | 2                        |
| Lacosamide  | 149              | 48               | \$139,782         | 5                         | 3                        |
| Perampanel  | 47               | 19               | \$52,508          | 6                         | 12                       |
| Diazepam  | 98               | 40               | \$28,014          | 7                         | 5                        |
| Brivaracetam  | 19               | 8                | \$23,593          | 8                         | 19                       |
| Felbamate   | 25               | 9                | \$16,210          | 9                         | 18                       |
| Oxcarbazepine   | 38               | 13               | \$7,466           | 10                        | 15                       |
| Midazolam   | 7                | 4                | \$5,931           | 11                        | 20                       |
| Topiramate  | 49               | 19               | \$5,681           | 12                        | 12                       |
| Eslicarbazepine   | 6                | 2                | \$5,506           | 13                        | 22                       |
| Pregabalin  | 8                | 2                | \$4,753           | 14                        | 22                       |
| Lamotrigine   | 68               | 21               | \$4,067           | 15                        | 10                       |
| Levetiracetam   | 124              | 43               | \$4,047           | 16                        | 4                        |
| Divalproex Sodium   | 62               | 24               | \$3,404           | 17                        | 9                        |
| Phenobarbital   | 58               | 18               | \$2,742           | 18                        | 14                       |
| Clonazepam  | 83               | 39               | \$2,361           | 19                        | 6                        |
| Zonisamide  | 113              | 35               | \$2,293           | 20                        | 7                        |
| Valproic Acid   | 54               | 20               | \$1,416           | 21                        | 11                       |
| Gabapentin  | 9                | 3                | \$366             | 22                        | 21                       |
| Lorazepam   | 31               | 10               | \$334             | 23                        | 16                       |
| Acetazolamide   | 4                | 2                | \$278             | 24                        | 22                       |
| Phenytoin   | 5                | 2                | \$133             | 25                        | 22                       |
| Ethosuximide  | 1                | 1                | \$93              | 26                        | 26                       |
| Primidone   | 2                | 1                | \$47              | 27                        | 26                       |

\*beneficiary numbers are not cumulative.

**NOTE for Tables 6a and 6ab:** Drug utilization trends were assessed in a 90-day period prior to and following Epidiolex initiation. Benzodiazepines included in this evaluation are based on current MS-UPDL v2021.7a (diazepam, clobazam, and midazolam) or if they were classified under 'anticonvulsants-benzodiazepine convulsants' in the main NDC file (lorazepam, diazepam, and clonazepam).

| Table 7. Summary of Antiepileptic Medication Usage in Pre- and Post-Epidiolex Initiation |               |       |                 |       |
|--|---------------|-------|-----------------|-------|
| Number of drugs  | Pre-Epidiolex |       | Post-Epidiolex* |       |
|  | # of benes    | %     | # of benes      | %     |
| 1 - 2  | 41            | 25.9% | 55              | 34.6% |
| 3 - 4  | 87            | 55.1% | 85              | 53.5% |
| 5 or more  | 30            | 19.0% | 19              | 11.9% |
| <b>Total</b>   | <b>158</b>    |       | <b>159</b>      |       |
| Number of distinct drug categories   | Pre-Epidiolex |       | Post-Epidiolex* |       |
|  | # of benes    | %     | # of benes      | %     |
| 1 - 2  | 55            | 34.8% | 65              | 40.9% |
| 3 - 4  | 86            | 54.4% | 80              | 50.3% |
| 5 or more  | 17            | 10.8% | 14              | 8.8%  |
| <b>Total</b>   | <b>158</b>    |       | <b>159</b>      |       |

NOTE: Drug utilization trends were assessed in a 90-day period pre- and post-Epidiolex initiation. Only 158/164 (96.3%) beneficiaries had information on pre-Epidiolex pharmacy utilization.  
 \*For evaluation of concurrent medication usage following Epidiolex initiation, Epidiolex was excluded in the assessment of number of drugs. In post-Epidiolex column, 5/164 beneficiaries were only on Epidiolex, and thus, excluded giving a total of 159.

Table 7 shows a summary of the number of concurrent medications prescribed pre- and post-Epidiolex initiation.

- Compared to pre-Epidiolex figures, the number of beneficiaries receiving 1-2 additional medications increased while the number of beneficiaries taking 5 or more additional medications decreased during post-Epidiolex initiation.

## **CONCLUSIONS**

Epidiolex is the first cannabidiol (CBD) prescription medication approved for use by the FDA as add-on therapy for certain types of treatment-resistant epilepsy. Since its introduction in 2018, utilization of Epidiolex in Mississippi Medicaid has steadily increased. Analyses indicated that while the number of beneficiaries being treated with Epidiolex appeared to stabilize beginning Q2/2020, costs associated with its use continued to climb. Increased costs could be associated with an increase in dosage ranges prescribed for beneficiaries.

## **RECOMMENDATION**

1. In light of the apparent increase in the dosage ranges being prescribed, DOM should establish dosing limits based on the labeled maximum dose recommendations. Such limits would allow for clinical review through prior authorization for doses exceeding these limits.

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## RECOMBINANT HUMAN GROWTH HORMONE UTILIZATION

### BACKGROUND

Recombinant human growth hormone (somatropin) is a protein designed to mimic naturally occurring growth hormone. Somatropin promotes tissue and linear growth along with stimulating the metabolism of carbohydrates, lipids, and minerals. Somatropin is a subcutaneous injection routinely administered daily. It is most commonly used to treat short stature due to growth hormone deficiency, Turner syndrome, Noonan syndrome, Prader-Willi syndrome, short stature homeobox-containing gene (SHOX) deficiency, chronic renal insufficiency, idiopathic short stature and children small for gestational age.<sup>1,2</sup>

The Division of Medicaid's Universal Preferred Drug List coverage for growth hormone is provided in Figure 1. Current Smart PA guidelines require diagnosis criteria for individuals  $\geq 18$  years.

Figure 1: Universal Preferred Drug List (01/01 2021)<sup>3</sup>

| THERAPEUTIC DRUG CLASS        | PREFERRED AGENTS                                     | NON-PREFERRED AGENTS  | PA CRITERIA  |
|-------------------------------|--|---|--|
| <b>GROWTH HORMONE</b> SmartPA | NORDITROPIN (somatropin)<br>NUTROPIN AQ (somatropin) | GENOTROPIN (somatropin)<br>HUMATROPE (somatropin)<br>OMNITROPE (somatropin)<br>SAIZEN (somatropin)<br>SEROSTIM (somatropin)<br>ZOMACTON (somatropin)<br>ZORBTIVE (somatropin) | <p><b>All Agents for Age <math>\geq 18</math> years</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication <b>OR</b></li> <li>Documented procedure of cranial irradiation</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>84 consecutive days on the requested agent in the past 105 days</li> </ul> |

MS-DUR conducted a class review of growth hormone utilization within the Division of Medicaid to assess prescribing trends, associated diagnoses, and provider characteristics.

### METHODS

A retrospective analysis of Medicaid point of sale (POS) pharmacy claims and medical claims data from fee-for-service (FFS) and the three coordinated care organizations (CCOs) was conducted for the measurement period January 1, 2018 – December 31, 2020. Beneficiaries were included in the analysis if they had at least one fill for any growth hormone agent during the study period. The date of the first prescription was identified as the index date. Medicaid's SmartPA criteria for growth hormones was used as a guide for this analysis. Beneficiaries were categorized by age as being either  $\leq 17$  years or 18+ years based on the SmartPA criteria. Beneficiaries were assigned to the respective age group and plan they were enrolled in as of the index date. The period from January 2017 - December 2020 was used to identify relevant diagnoses for beneficiaries. Current SmartPA guidelines do not require a diagnosis check for beneficiaries less than 18 years.

## RESULTS

Table 1 provides demographic characteristics for beneficiaries prescribed growth hormone agents January 2018 - December 2020.

- 340 total beneficiaries were prescribed growth hormone agents during that period.
- 97.6% (332/340) were  $\leq 17$  years.
- 62.4% (212/340) were male.
- 55.6% (189/340) were Caucasian.

| Table 1: Demographics of Beneficiaries Prescribed Growth Hormone Agents<br>in Mississippi Medicaid<br>January 2018 - December 2020  |   |     |     |     |       |
|---|---|-----|-----|-----|-------|
| Characteristic  | Number of beneficiaries by plan at index fill |     |     |     | Total |
|   | FFS   | UHC | Mag | Mol |       |
| Age Group   |   |     |     |     |       |
| ≤17 years   | 103   | 112 | 113 | 4   | 332   |
| 18+ years   | 4   | 2   | 2   | 0   | 8     |
| Gender  |   |     |     |     |       |
| Female  | 38  | 39  | 49  | 2   | 128   |
| Male  | 69  | 75  | 66  | 2   | 212   |
| Race  |   |     |     |     |       |
| African American  | 24  | 37  | 35  | 0   | 96    |
| Caucasian   | 62  | 62  | 61  | 4   | 189   |
| Other   | 21  | 15  | 19  | 0   | 55    |
| Total   | 107   | 114 | 115 | 4   | 340   |
| Note: Beneficiaries were included in the analysis if they had at least one fill for any growth hormone agent in January 2018 - December 2020. The date of the first prescription was identified as the index date. Beneficiaries were assigned to the respective age group and plan they were enrolled in as of the index date. |   |     |     |     |       |

Table 2 displays a monthly trend analysis of number of prescription claims and costs associated with growth hormone utilization.

- Average monthly costs and average monthly number of claims by Year:
  - 2018 - \$651,385 / 154
  - 2019 - \$517,635 / 127
  - 2020 - \$538,166 / 131
- Comparing 2018 figures to 2020:
  - The average total monthly spend decreased by 17.4% in 2020.
  - The average monthly number of claims decreased by 14.9% in 2020.

**Table 2: Monthly Trend in Prescription Claims and Costs Associated with Growth Hormone Agents in Mississippi Medicaid by Plan**

**January 2018 - December 2020**

| Month and Year | FFS  |               | UHC  |               | Mag  |               | Mol  |              | Total |               |
|----------------|------|---------------|------|---------------|------|---------------|------|--------------|-------|---------------|
|                | # Rx | Cost          | # Rx | Cost          | # Rx | Cost          | # Rx | Cost         | # Rx  | Cost          |
| Jan-18         | 53   | \$ 262,338.74 | 63   | \$ 295,836.99 | 60   | \$ 235,062.39 | 0    | \$ -         | 176   | \$ 793,238.12 |
| Feb-18         | 52   | \$ 235,923.50 | 61   | \$ 283,987.52 | 57   | \$ 228,305.14 | 0    | \$ -         | 170   | \$ 748,216.16 |
| Mar-18         | 58   | \$ 242,240.02 | 57   | \$ 283,003.61 | 63   | \$ 238,526.76 | 0    | \$ -         | 178   | \$ 763,770.39 |
| Apr-18         | 59   | \$ 280,879.96 | 62   | \$ 293,963.71 | 70   | \$ 271,991.20 | 0    | \$ -         | 191   | \$ 846,834.87 |
| May-18         | 55   | \$ 235,568.31 | 66   | \$ 308,484.66 | 69   | \$ 256,490.79 | 0    | \$ -         | 190   | \$ 800,543.76 |
| Jun-18         | 35   | \$ 144,967.03 | 33   | \$ 140,743.44 | 48   | \$ 169,706.93 | 0    | \$ -         | 116   | \$ 455,417.40 |
| Jul-18         | 55   | \$ 237,471.43 | 56   | \$ 227,905.94 | 58   | \$ 216,852.12 | 0    | \$ -         | 169   | \$ 682,229.49 |
| Aug-18         | 45   | \$ 209,063.02 | 49   | \$ 215,254.58 | 55   | \$ 194,723.81 | 0    | \$ -         | 149   | \$ 619,041.41 |
| Sep-18         | 41   | \$ 191,009.67 | 47   | \$ 207,118.16 | 53   | \$ 193,919.58 | 0    | \$ -         | 141   | \$ 592,047.41 |
| Oct-18         | 30   | \$ 116,945.42 | 51   | \$ 232,560.80 | 56   | \$ 180,974.04 | 0    | \$ -         | 137   | \$ 530,480.26 |
| Nov-18         | 33   | \$ 155,971.67 | 44   | \$ 187,176.10 | 46   | \$ 173,672.98 | 1    | \$ 3,422.57  | 124   | \$ 520,243.32 |
| Dec-18         | 33   | \$ 175,045.90 | 32   | \$ 137,828.34 | 42   | \$ 151,677.44 | 0    | \$ -         | 107   | \$ 464,551.68 |
| Jan-19         | 44   | \$ 187,411.31 | 46   | \$ 199,221.59 | 43   | \$ 167,272.75 | 1    | \$ 3,753.19  | 134   | \$ 557,658.84 |
| Feb-19         | 44   | \$ 177,495.78 | 33   | \$ 153,615.66 | 40   | \$ 149,495.91 | 1    | \$ 7,495.09  | 118   | \$ 488,102.44 |
| Mar-19         | 45   | \$ 172,096.78 | 40   | \$ 171,065.33 | 40   | \$ 134,025.28 | 3    | \$ 15,001.47 | 128   | \$ 492,188.86 |
| Apr-19         | 46   | \$ 174,472.20 | 33   | \$ 150,118.27 | 51   | \$ 198,618.19 | 3    | \$ 18,743.37 | 133   | \$ 541,952.03 |
| May-19         | 41   | \$ 160,177.37 | 35   | \$ 172,794.69 | 45   | \$ 166,525.03 | 1    | \$ 3,753.19  | 122   | \$ 503,250.28 |
| Jun-19         | 33   | \$ 127,504.67 | 35   | \$ 148,443.63 | 40   | \$ 140,487.43 | 2    | \$ 14,990.18 | 110   | \$ 431,425.91 |
| Jul-19         | 42   | \$ 168,991.60 | 37   | \$ 160,919.32 | 61   | \$ 231,997.24 | 5    | \$ 28,794.60 | 145   | \$ 590,702.76 |
| Aug-19         | 32   | \$ 129,224.64 | 44   | \$ 188,432.00 | 48   | \$ 181,511.58 | 5    | \$ 26,923.65 | 129   | \$ 526,091.87 |
| Sep-19         | 34   | \$ 149,125.52 | 27   | \$ 117,817.95 | 46   | \$ 174,535.69 | 4    | \$ 25,041.41 | 111   | \$ 466,520.57 |
| Oct-19         | 42   | \$ 171,251.07 | 38   | \$ 150,896.93 | 65   | \$ 230,055.37 | 6    | \$ 38,834.54 | 151   | \$ 591,037.91 |
| Nov-19         | 35   | \$ 159,114.15 | 35   | \$ 148,575.22 | 46   | \$ 171,559.85 | 3    | \$ 18,743.37 | 119   | \$ 497,992.59 |
| Dec-19         | 38   | \$ 183,809.45 | 34   | \$ 126,585.62 | 50   | \$ 191,175.58 | 4    | \$ 23,120.21 | 126   | \$ 524,690.86 |
| Jan-20         | 43   | \$ 185,464.18 | 43   | \$ 173,188.05 | 53   | \$ 211,226.60 | 3    | \$ 21,647.52 | 142   | \$ 591,526.35 |
| Feb-20         | 46   | \$ 181,766.96 | 29   | \$ 120,321.86 | 46   | \$ 180,360.88 | 3    | \$ 18,034.77 | 124   | \$ 500,484.47 |
| Mar-20         | 51   | \$ 223,508.38 | 40   | \$ 161,276.09 | 46   | \$ 206,642.11 | 0    | \$ -         | 137   | \$ 591,426.58 |
| Apr-20         | 50   | \$ 197,052.35 | 40   | \$ 158,449.74 | 46   | \$ 178,683.75 | 3    | \$ 16,251.88 | 139   | \$ 550,437.72 |
| May-20         | 42   | \$ 174,661.41 | 34   | \$ 143,224.23 | 39   | \$ 159,895.28 | 2    | \$ 8,240.19  | 117   | \$ 486,021.11 |
| Jun-20         | 43   | \$ 183,587.58 | 43   | \$ 179,950.38 | 51   | \$ 205,412.29 | 5    | \$ 25,058.76 | 142   | \$ 594,009.01 |
| Jul-20         | 45   | \$ 194,659.14 | 33   | \$ 143,058.31 | 43   | \$ 170,628.73 | 4    | \$ 24,380.77 | 125   | \$ 532,726.95 |
| Aug-20         | 48   | \$ 190,820.46 | 30   | \$ 127,545.38 | 51   | \$ 204,092.99 | 2    | \$ 8,357.39  | 131   | \$ 530,816.22 |
| Sep-20         | 43   | \$ 170,902.75 | 36   | \$ 154,520.63 | 50   | \$ 196,032.69 | 3    | \$ 16,369.08 | 132   | \$ 537,825.15 |
| Oct-20         | 47   | \$ 201,724.14 | 43   | \$ 176,931.97 | 45   | \$ 189,895.71 | 1    | \$ 8,011.69  | 136   | \$ 576,563.51 |
| Nov-20         | 43   | \$ 179,012.11 | 40   | \$ 157,590.71 | 42   | \$ 154,934.31 | 4    | \$ 17,047.07 | 129   | \$ 508,584.20 |
| Dec-20         | 34   | \$ 128,469.97 | 39   | \$ 152,384.42 | 41   | \$ 163,995.26 | 5    | \$ 12,725.87 | 119   | \$ 457,575.52 |

Note: Plan was calculated as of the fill date for the prescription. Cost was calculated as the total amount paid towards growth hormone prescriptions in a particular month.



Diagnoses associated with the use of growth hormone agents are detailed in Table 3:

- By far the most common associated diagnoses present in claims data were **growth hormone deficiency** and **short stature**.
- Of the 332 beneficiaries  $\leq 17$  years of age prescribed growth hormones, **only 3.3% (11) did not have an associated diagnosis present in medical claims data.**

| Table 3: Diagnoses Associated with Growth Hormone Agent Use in Mississippi Medicaid<br>January 2018 - December 2020 |   |     |     |     |           |     |     |     |
|---|---|-----|-----|-----|-----------|-----|-----|-----|
| Diagnosis   | Number of beneficiaries by Age group and Plan at index fill |     |     |     |           |     |     |     |
|   | $\leq 17$ years   |     |     |     | 18+ years |     |     |     |
|   | FFS   | UHC | Mag | Mol | FFS       | UHC | Mag | Mol |
| Growth hormone deficiency   | 75  | 83  | 83  | 3   | 3         | 2   | 1   | 0   |
| Iatrogenic growth hormone deficiency  | 0   | 0   | 0   | 0   | 0         | 0   | 1   | 0   |
| Small for gestational age at birth  | 4   | 10  | 4   | 0   | 0         | 0   | 0   | 0   |
| Growth failure associated with renal insufficiency or chronic kidney disease  | 0   | 0   | 1   | 0   | 0         | 0   | 0   | 0   |
| Turner syndrome   | 8   | 9   | 13  | 1   | 0         | 0   | 0   | 0   |
| Prader-Willi syndrome   | 5   | 4   | 2   | 0   | 1         | 1   | 0   | 0   |
| Noonan syndrome   | 3   | 4   | 6   | 0   | 0         | 0   | 0   | 0   |
| Short-stature homeobox gene deficiency  | 13  | 16  | 14  | 0   | 0         | 1   | 0   | 0   |
| Blind loop syndrome   | 0   | 0   | 0   | 0   | 0         | 0   | 0   | 0   |
| Short bowel syndrome  | 4   | 1   | 2   | 0   | 0         | 0   | 0   | 0   |
| HIV-associated cachexia (or wasting)  | 1   | 0   | 1   | 0   | 0         | 0   | 0   | 0   |
| Short stature (child)   | 67  | 95  | 96  | 3   | 1         | 0   | 0   | 0   |
| No associated diagnoses   | 10  | 0   | 1   | 0   | 1         | 0   | 1   | 0   |

Note: Beneficiaries were included in the analysis if they had at least one fill for any growth hormone agent in January 2018 - December 2020. The date of the first prescription was identified as the index date. Beneficiaries were assigned to the respective age group and plan they were enrolled in as of the index date. The period from January 2017 - December 2020 was used to identify relevant diagnoses for beneficiaries (please see below for list of ICD-10 codes included).  
Beneficiaries may have had more than one diagnosis.  
Growth hormone deficiency - E23.0  
Iatrogenic growth hormone deficiency - E23.1, E89.3  
Small for gestational age at birth - P05.1  
Growth failure associated with renal insufficiency or chronic kidney disease - N25.0  
Turner syndrome - Q96  
Prader-Willi syndrome - Q87.11  
Noonan syndrome - Q87.19  
Short-stature homeobox gene deficiency - E34.3  
Blind loop syndrome - K90.2  
Short bowel syndrome - K91.2  
HIV-associated cachexia (or wasting) - R64  
Short stature (child) - R62.52

From Table 4 it can be determined that pediatric endocrinologists and pediatricians are responsible for the overwhelming majority of growth hormone prescriptions.

| Table 4: Prescribers of Growth Hormone Agents in Mississippi Medicaid<br>January 2018 - December 2020 |   |            |             |            |             |            |           |           |           |          |           |          |           |          |          |          |
|---|---|------------|-------------|------------|-------------|------------|-----------|-----------|-----------|----------|-----------|----------|-----------|----------|----------|----------|
| Specialty   | Prescriptions and beneficiaries by age group and plan at fill |            |             |            |             |            |           |           |           |          |           |          |           |          |          |          |
|   | ≤17 years   |            |             |            |             |            |           |           | 18+ years |          |           |          |           |          |          |          |
|   | FFS   |            | UHC         |            | Mag         |            | Mol       |           | FFS       |          | UHC       |          | Mag       |          | Mol      |          |
|   | Rx  | Bene       | Rx          | Bene       | Rx          | Bene       | Rx        | Bene      | Rx        | Bene     | Rx        | Bene     | Rx        | Bene     | Rx       | Bene     |
| Specialty not specified   | 54  | 8          | 83          | 9          | 11          | 4          | 14        | 2         | 0         | 0        | 0         | 0        | 0         | 0        | 0        | 0        |
| Endocrinology, Diabetes & Metabolism  | 50  | 5          | 0           | 0          | 0           | 0          | 0         | 0         | 21        | 3        | 8         | 1        | 0         | 0        | 0        | 0        |
| Pediatric Endocrinology   | 997   | 93         | 1223        | 98         | 1379        | 97         | 18        | 5         | 3         | 1        | 2         | 1        | 0         | 0        | 0        | 0        |
| Family Medicine   | 23  | 2          | 0           | 0          | 0           | 0          | 0         | 0         | 0         | 0        | 0         | 0        | 0         | 0        | 0        | 0        |
| Internal Medicine   | 0   | 0          | 0           | 0          | 0           | 0          | 0         | 0         | 4         | 1        | 0         | 0        | 0         | 0        | 0        | 0        |
| Pediatric Nephrology  | 3   | 2          | 9           | 2          | 49          | 4          | 0         | 0         | 0         | 0        | 0         | 0        | 0         | 0        | 0        | 0        |
| Pediatrics - MD   | 396   | 37         | 171         | 26         | 312         | 31         | 42        | 6         | 0         | 0        | 4         | 1        | 0         | 0        | 0        | 0        |
| Pediatrics - NP   | 1   | 1          | 4           | 1          | 1           | 1          | 0         | 0         | 0         | 0        | 0         | 0        | 0         | 0        | 0        | 0        |
| Provider - Other  | 2   | 1          | 2           | 1          | 65          | 3          | 0         | 0         | 0         | 0        | 0         | 0        | 17        | 2        | 0        | 0        |
| <b>Total</b>  | <b>1526</b>   | <b>149</b> | <b>1492</b> | <b>137</b> | <b>1817</b> | <b>140</b> | <b>74</b> | <b>13</b> | <b>28</b> | <b>5</b> | <b>14</b> | <b>3</b> | <b>17</b> | <b>2</b> | <b>0</b> | <b>0</b> |

Note: All claims related to growth hormone agents and their respective prescribers were identified between January 2018 - December 2020. Plan at fill was identified for each prescription as of the fill date.

## CONCLUSIONS

Although a small number of beneficiaries receive treatment with growth hormone agents, this group of medications contributes to a significant amount of monthly spend. After conducting an analysis of utilization, the vast majority of growth hormones are being prescribed for beneficiaries under the age of 18 years (97.6%). Although SmartPA criteria does not require a diagnosis edit for beneficiaries under 18 years, analysis showed that only 3.3% of beneficiaries under 18 years did not have an associated diagnosis present in medical claims data. Most beneficiaries receiving these agents had an associated diagnosis of growth hormone deficiency or short stature present in claims data. There does not appear to be any significant inconsistencies in the prescribing of growth hormone agents with regards to appropriate diagnoses.

## RECOMMENDATIONS

1. MS-DUR recommends extending Smart PA diagnosis requirements to all beneficiaries prescribed growth hormone agents.

## REFERENCES

1. Research C for DE and. Somatropin Information. *FDA*. Published online November 3, 2018. Accessed January 21, 2021. <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/somatropin-information>
2. Genotropin, Humatrope (somatropin) dosing, indications, interactions, adverse effects, and more. Accessed January 21, 2021. <https://reference.medscape.com/drug/genotropin-somatropin-342860>
3. Universal Preferred Drug List | Mississippi Division of Medicaid. Accessed January 21, 2021. <https://medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>

## **FDA DRUG SAFETY COMMUNICATIONS**

**December 2020 – February 2021**

- 2/4/2021 Initial safety trial results find increased risk of serious heart-related problems and cancer with arthritis and ulcerative colitis medicine Xeljanz, Xeljanz XR (tofacitinib)

## **APPENDIX**



MISSISSIPPI DIVISION OF  
**MEDICAID**

**Division of Medicaid  
Drug Utilization Review Board  
By-Laws**

**Article I. Purpose**

The Drug Utilization Review Board (DUR) is a requirement of the Social Security Act, Section 1927. The purpose of the DUR Board is to provide clinical guidance to the Division of Medicaid (DOM) regarding the utilization of pharmaceutical products within the Mississippi Medicaid program. The DUR Board makes recommendations to DOM to promote patient safety and cost effective care in the Mississippi Medicaid program. The DUR Board shall advise DOM with respect to the content of medical criteria and standards for utilization management strategies including prospective drug prior authorization (PA), concurrent patient management, retrospective drug utilization review, and educational intervention programs. DOM retains the authority to accept or reject the recommendations by the DUR Board.

**Article II. Membership**

**Section 1 – Board Composition**

- A. The DUR Board will consist of not less than twelve (12) voting members.
- B. The DUR Board voting members will be comprised of at least one-third (1/3), but no more than fifty-one percent (51%), licensed and actively practicing physicians and at least one-third (1/3) licensed and actively practicing pharmacists. Voting members may consist of health care professionals with knowledge/expertise in one or more of the following:
  - 1) Prescribing of drugs,
  - 2) Dispensing and monitoring of drugs,
  - 3) Drug use review, evaluation, and intervention,
  - 4) Medical quality assurance.
- C. Non-voting board members consist of the Division of Medicaid (DOM) Executive Director, Office of Pharmacy pharmacists, DUR Coordinator, the DUR contractor and Medical Director.

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## **Section 2 – Appointment selection methodology**

- A. DOM's Office of Pharmacy in consultation with officially recognized state professional healthcare associations recommends potential, qualified new candidates for appointment or reappointment of existing board members to DOM's Executive Director.
- B. Nominations are considered internally and appointments are given final approval by the DOM Executive Director.
- C. Board members are appointed by the Governor of the State of Mississippi, or Governor's designee, pursuant to state law.

## **Section 3 - Term of Office**

- A. All members are appointed for three year terms following a staggered appointment fulfillment as follows: one-third of DUR Board members shall be appointed each term. All subsequent appointments shall be for terms of three years from the expiration date of the previous term.
- B. Members may serve up to three consecutive three-year terms (for a total of nine consecutive years).
- C. Members may serve for either an extended term or a fourth consecutive term at the discretion of the Executive Director and by recommendation of both the DUR Coordinator and Division of Medicaid Office of Pharmacy in the event that no qualified, willing candidate is found in sufficient time. Members, including those filling vacated positions, may be re-appointed by the Executive Director for a subsequent term.
- D. In the event of an unexpected or expected vacancy, the DUR Coordinator and Office of Pharmacy may recommend a qualified replacement candidate to DOM's Executive Director for emergency approval.
- E. The Executive Director shall fill any vacancy before the end of the term, and the person appointed to fill the vacancy shall serve for the remainder of the unexpired term. Members, including those filling vacated positions, may be re-appointed by the Executive Director for a subsequent term.

## **Section 4 - Attendance**

- A. Members are required to attend at least fifty percent of the meetings per year. Failure to attend meetings without an explanation of extenuating circumstances will result in the termination of the member's appointment.
- B. Members are asked to give advance notice regarding any planned absences so that a quorum may be determined prior to meetings.

## **Section 5 - Resignation**

A member of the DUR Board may resign by giving a 30 day written advance notice to the DUR Board Chair and DUR Coordinator.

## **Section 6 - Removal**

A member of the DUR Board may be removed by either the DUR Board Chair or majority vote of the DUR Board for good cause. Good cause may be defined as one or more of the following conditions:

- A. Lack of attendance –failure to attend at least 50% of the scheduled DUR meetings shall constitute a resignation by said DUR Board member,
- B. Identified misconduct or wrongdoing during any DUR Board term, or

DUR Bylaws V2= updated 12/06/2018

- C. Not disclosing a conflict of interest either upon initial disclosure or throughout the rest of the term.

### **Section 7 - Board Officers**

At the first meeting of the state fiscal year, which constitutes July 1 through June 30, board members shall select two members to serve as Chair and Chair-Elect of the board, respectively. The Chair and Chair-Elect shall both serve one year terms. At the end of the serving year, the Chair-Elect assumes the role of Chair, and a new Chair-Elect will be chosen.

If the persons serving as Chair and Chair-Elect have either previously served as Chair or Chair-Elect, that person may be reelected to either posting.

The Chair-Elect will serve as Chair in absentia of the Chair or by the Chair's request.

### **Section 8 – Reimbursement**

The Division of Medicaid will reimburse DUR Board members for travel related expenses.

## **Article III. Meetings**

### **Section 1 – Frequency**

The DUR Board shall meet at least quarterly, and may meet at other times as necessary for the purpose of conducting business that may be required. The DUR Board Chair, a majority of the members of the board, or the Division of Medicaid Office of Pharmacy and DUR Coordinator, shall maintain the authority of calling DUR meetings.

### **Section 2 – Regular Meetings**

The DUR Board will hold regular quarterly meetings in the city of Jackson, Mississippi. Meetings will occur at the predesignated time and place. Dates for the upcoming year's quarterly meetings will be posted before the first quarterly meeting of the upcoming year.

### **Section 3 – Special Meetings**

The DUR Board may meet at other times other than regular quarterly meetings as deemed necessary and appropriate. The DUR Coordinator and Office of Pharmacy must notify DUR Board members of any special meeting at least two weeks, i.e., ten (10) days, prior to the requested meeting date. Special meetings may be requested by the following officials:

- A. Division of Medicaid Executive Director,
- B. DUR Coordinator and Office of Pharmacy,
- C. DUR Board Chair, or
- D. Majority of DUR Board members via communication to DUR Coordinator and/or DUR Board Chair.

### **Section 4 – Meeting Notice**

DUR Board members will be notified of the location for the meeting a minimum of ten (10) days in advance. Notification may include one or a combination of the following methods: e-mail, fax, or other written communication. DUR Board members are required to keep on file with

DOM Office of Pharmacy his or her address, primary phone number, alternate phone number (i.e., cell), fax number, and email address to which notices and DUR related communications may be submitted.

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Meetings may be cancelled due to lack of quorum, severe inclement weather, or other reasons as determined by the DUR Coordinator and Office of Pharmacy. In the event of a cancellation, the DUR Coordinator and DOM Pharmacy staff will communicate with DUR Board members regarding the meeting cancellation as soon as circumstances permit. Notifications shall also be posted with DFA and on DOM's website to ensure that the public is notified of any meeting cancellation.

DUR Board Meetings shall be open to the public and conducted in accordance with state law, specifically the Open Meetings Act. Notice of any meetings held shall be provided at least five (5) days in advance of the date scheduled for the meeting. The notice shall include the date, time, place and purpose for the meeting and shall identify the location of the meeting to the general public.

### **Section 5 – Meeting Sign-In**

All meeting attendees will be required to sign-in at the meeting entrance for DUR meetings. Sign-in sheets will be logged, scanned and transferred to electronic medium for official records. All attendees shall include participant's name and entity represented (as applicable).

### **Section 6 – Quorum**

A simple majority of voting board members shall constitute a quorum and must be present for the transaction of any business of the board. For a fully-appointed 12-person DUR Board as required by state law, seven voting board members constitutes a quorum. If a quorum is not present, the Chair, Chair-Elect or DUR Coordinator maintains the responsibility to conclude meeting proceedings. Meeting minutes shall reflect that a quorum was not present.

### **Section 7 – Voting**

The voting process shall be conducted by the Chair or the Chair-Elect in absentia of the Chair.

All board recommendations shall begin with a motion by a voting board member. The motion may then be seconded by a voting board member. If a recommendation does not receive a second motion, the motion shall not pass. If a recommendation receives a second motion, then the board shall vote on the motion. A motion shall be considered as passed if the motion carries a majority of votes if a quorum of the board is present.

In the event that a motion receives a tie vote in the presence of a quorum, the motion shall not pass. The motion can be brought up for further discussion after which a subsequent motion may be made to vote on the issue again during the same meeting, or a motion can be made to table the issue and discussion until the next quarterly DUR Board meeting.

A vote abstention occurs when a voting member is present for the meeting and the action but has chosen not to vote on the current motion. An abstention is a vote with the majority on the measure. A recusal, on the other hand, is necessitated when a voting member has a conflict of interest or potential pecuniary benefit resulting from a particular measure. In order to properly and completely recuse oneself from a matter, the DUR Board member must leave the room or area where discussions, considerations, or other actions take place.

*before* the matter comes up for discussion. The member must remain absent from the meeting until the vote is concluded. The minutes will state the recusing member left the room before the matter came before the DUR Board and did not return until after the vote.

### **Section 8 – Minutes**

A public body speaks only through its minutes. State law, specifically the Open Meetings Act, requires minutes be kept of all meetings of a public body, whether in open or executive session, showing the following:

- A. Members present or absent,
- B. Date, time and place of meeting,
- C. Accurate recording of any final actions taken,
- D. Record, by individual member, of how s/he voted on any final action, and
- E. Any other information that the public body requests is reflected in the minutes.

The minutes shall be finalized no later than thirty (30) days after the adjournment of the DUR Board meeting and shall be made available for public inspection. DOM Office of Pharmacy posts all DUR Board Minutes on the DUR webpage.

### **Section 9 – Speakers & Special Topics**

DUR Board members may request various healthcare, industry, or specialized professionals to present at DUR meetings regarding a posted topic on an upcoming DUR agenda.

- A. The DUR Board may allow up to 20 minutes for topic presentation by an invited speaker.
- B. DUR Board Members may ask a member of the audience to provide information on a topic being discussed by the Board. Invited participants may be asked to disclose any potential conflicts of interests if applicable. (See Article IV, Section 1).
- C. Members of the audience may not speak unless so designated at the appropriate time by a DUR Board member.
- D. DUR Board Members, both voting and non-voting, maintain speaking privileges at DUR meetings.
- E. Contracted employees of DOM and employees of other DOM vendors are considered members of the audience.

### **Section 10 – Executive Session**

During special circumstances, the DUR Board may go into executive session at the conclusion of normal meeting proceedings; however, all DUR Board meetings must commence as an open meeting. In order for executive session to be called, the following procedure must be followed in accordance with the Open Meetings Act:

- A. A member may move to close the meeting to determine whether board needs to go into executive session; vote in open meeting with vote recorded in minutes, majority rules.
- B. Closed meeting: vote taken on whether to declare executive session, requires 3/5 of all members present.
- C. Board comes back into open session and states statutory reason for executive session. The reason for the executive session shall be recorded in the meeting minutes.
- D. Board members then will go into executive session where action may be taken on stated subject matter only.

- E. Minutes must be kept in accordance with the Open Meetings Act.

### **Section 11 – Conduct of Participants**

Pursuant to state law, specifically the Open Meetings Act, the DUR Board may make and enforce reasonable rules and regulations for the conduct of persons attending the DUR meetings. The following is a non-exhaustive list of rules for DUR Board meetings:

- A. Attendees should please remain silent and allow for the efficient transaction of business.
- B. Cell phones should be placed on silent or vibrate.
- C. Laptop computers are discouraged from being utilized during meetings as frequent typing may distract board members.
- D. Food and drink are not allowed in the meeting room.
- E. Security is provided by the state. Guests not following proper decorum may be asked to leave by security.

## **Article IV. Public Participation**

### **Section 1 - Disclosure of Persons Appearing Before DUR Board**

The DUR Board may ask individuals appearing before the board to disclose either in writing or verbally their relationship, as applicable, including but not limited to pharmaceutical companies or special interest groups. Any such disclosures should be recorded as a matter of public record in the documented meeting minutes.

## **Article V. Conflicts of Interest**

DUR Board members are expected to maintain the highest professional, ethical standards. A conflict of interest may exist when a DUR Board member maintains a financial/pecuniary, personal, or professional interest that may compete or interfere with the DUR Board member's ability to act in a fair, impartial manner while acting in the best interests of the Division of Medicaid and the beneficiaries that it serves.

As such, DUR Board members are required to complete and submit annually a Conflict of Interest disclosure statement with the DOM Office of Pharmacy and DUR Coordinator. Statements shall be maintained by the Office of Pharmacy. Members have an ongoing responsibility to update and revise said statements, disclosing any new conflicts of interest to the DUR Coordinator and DOM Office of Pharmacy.

It is the sole responsibility and requirement of each board member to review the agenda of each forthcoming board meeting to determine any if any potential conflicts of interest exist. If so, an aforementioned Disclosure statement must be updated indicating the conflict of interest. The board member should notify the Chair or Chair-Elect of the conflict of interest prior to the meeting.

A DUR Board member shall recuse himself/herself from any vote, action, or discussion pertaining to any product or product class if there is documentation stating an actual or perceived conflict of interest. Please refer to the procedure outlined in Article III, Section 7.

## **Article VI. Confidentiality**

DUR Board members are required to safeguard all confidential and proprietary information, including but not limited to pricing information, which is disclosed by the Mississippi Division of Medicaid for purposes of conducting DUR Board activities. Any provider or patient specific information discussed by the DUR Board shall also be kept strictly confidential in accordance with state and federal law.

## **Article VII. Amendments**

### **Proposed Amendments of By-Laws**

- A. Proposed amendments must be submitted to the DUR Coordinator at least thirty (30) days prior to the next scheduled DUR meeting and the proposed amendments will be disseminated to the DUR Board en masse for consideration at said DUR Board meeting.
- B. Proposed amendments will be distributed to board members no less than five (5) business days prior to next DUR Board meeting.
- C. Proposed amendments will be initiated by the Chair, or the Chair-Elect in absentia of the Chair, prior to Next Meeting Information announcements.
- D. Proposed amendments will be voted upon at the next scheduled DUR Board meeting. If majority of DUR Board votes to ratify amendment, the amendment will take effect immediately at the conclusion of the meeting.

## MS-DUR BOARD COMMON ABBREVIATIONS

|                  |   |
|------------------|---|
| AWP              | Any Willing Provider, Average Wholesale Price         |
| BENE             | Beneficiary   |
| CAH              | Critical Access Hospital                              |
| CCO              | Coordinated Care Organization                         |
| CDC              | Centers for Disease Control                           |
| CHIP             | Children's Health Insurance Program                   |
| CMS              | Center for Medicare and Medicaid Services             |
| COB              | Coordination of Benefits                              |
| CPC              | Complex Pharmaceutical Care                           |
| DME              | Durable Medical Equipment                             |
| DOC              | Department of Corrections                             |
| DOM              | Division of Medicaid                                  |
| DUR              | Drug Utilization Review                               |
| EOB              | Explanation of Benefits                               |
| EPSDT            | Early and Periodic Screening, Diagnosis and Treatment |
| FA               | Fiscal Agent  |
| FFS              | Fee For Service                                       |
| FPW              | Family Planning Waiver                                |
| FQHC             | Federally Qualified Health Clinic                     |
| FY               | Fiscal Year   |
| HB               | House Bill  |
| HCPCS/<br>HEIDIS | Health Plan Employer Data and Information Set         |
| HHS              | Department of Health and Human Services               |
| HIPAA            | Health Insurance Portability and Accountability       |
| IDD              | Intellectual and Developmental Disabilities           |
| LTC              | Long Term Care  |
| MAG              | Magnolia Health                                       |
| MEDD             | Morphine Equivalent Daily Dose                        |
| MOL              | Molina Healthcare                                     |
| MPR              | Medication Possession Ratio                           |
| MSCAN            | Mississippi Coordinated Access Network                |
| MSDH             | Mississippi State Department of Health                |
| NADAC            | National Average Drug Acquisition Cost                |

|           |   |
|-----------|---|
| NDC       | National Drug Code  |
| P&T       | Pharmacy and Therapeutics   |
| PA        | Prior Authorization   |
| PBM       | Pharmacy Benefit Manager  |
| PDC       | Proportion of Days Covered  |
| PDL       | Preferred Drug List   |
| PI        | Program Integrity   |
| PIP       | Performance Improvement Program   |
| POS       | Point of Sale, Place of Service, Point of Service   |
| Pro-DUR   | Prospective Drug Use Review   |
| OTC       | Over the Counter  |
| QI        | Quality Indicator   |
| QIO       | Quality Improvement Organization  |
| QM        | Quality Management  |
| RA        | Remittance Advise   |
| REOMB     | Recipient's Explanation of Medicaid Benefits  |
| Retro-DUR | Retrospective Drug Utilization Review   |
| RFI       | Request for Information   |
| RFP       | Request for Proposal  |
| RHC       | Rural Health Clinic   |
| SB        | Senate Bill   |
| SCHIP     | State Child Health Insurance Program  |
| SMART PA  | Conduent's Pharmacy Application (SmartPA) is a proprietary electronic prior authorization system used for Medicaid fee for service claims |
| SPA       | State Plan Amendment  |
| UHC       | United Healthcare   |
| UM/QIO    | Utilization Management and Quality Improvement Organization   |
| UPDL      | Universal Preferred Drug List   |
| UR        | Utilization Review  |
| VFC       | Vaccines for Children   |
| WAC       | Wholesale Acquisition Cost  |
| WIC       | Women, Infants, Children  |
| 340B      | Federal Drug Discount Program   |

