**MISSISSIPPI DIVISION OF MEDICAID**
**DRUG UTILIZATION REVIEW (DUR) BOARD**
**MINUTES OF THE MARCH 3, 2022 MEETING**

| **DUR Board Roster: State Fiscal Year 2022 (July 1, 2021 – June 30, 2022)** | **Jun 2021** | **Sep 2021** | **Dec 2021** | **Mar 2022** |
|---|---|---|---|---|
| Lauren Bloodworth, PharmD | ✓ | ✓ | ✓ | ✓ |
| Terrence Brown, PharmD | | ✓ | ✓ | ✓ |
| Patrick Bynum, MD | ✓ | ✓ | ✓ | ✓ |
| Cesar Cardenas, MD | NA | NA | ✓ | ✓ |
| Rhonda Dunaway, RPh | ✓ | ✓ | ✓ | ✓ |
| Tanya Fitts, MD | | ✓ | | ✓ |
| Ray Montalvo, MD | ✓ | ✓ | ✓ | |
| Holly Moore, PharmD | | ✓ | | |
| Joshua Pierce, PharmD | NA | NA | ✓ | ✓ |
| Cheryl Sudduth, RPh | ✓ | | | ✓ |
| James Taylor, PharmD (Chair) | | ✓ | | ✓ |
| Alan Torrey, MD | ✓ | | | |
| **TOTAL PRESENT**** | **7** | **9** | **7** | **9** |

** *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; Sue Reno, RN, Program Integrity; Brenda Washington, RN, BSN, Program Integrity;

**University of Mississippi School of Pharmacy - MS-DUR Staff:**
Eric Pittman, PharmD, MS-DUR Project Director; Kaustuv Bhattacharya, PhD, Research Assistant Professor;

**Gainwell:**
Lew Anne Snow, RN, BSN, Advisor Business Analyst;

**Change Healthcare Staff:**
Paige Clayton, PharmD, On-Site Clinical Pharmacist; Shannon Hardwick, RPh, CPC Pharmacist;

**Coordinated Care Organization (CCO) Staff:**
Jenni Grantham, PharmD, Director of Pharmacy, Magnolia Health;

**Alliant Health Staff:**
Catherine Brett, MD, Quality Director, MS UM/QIO;

**Visitors:**
Michelle Shirley, Indivior; Paula Whatley, Novo Nordisk; Brent Young, Global Blood Therapeutics; Julie Young, Abbvie; Frank Alvarado, Janssen; Shawn Headley, Gilead; J.J. Lovegrove, Sunovion; Matthew Majure, Capital Resources; Cathy Prine Eagle, Merck.

**Call to Order/Welcome:**
Dr. Taylor called the meeting to order at 1:02 pm. DOM staff and Board members took a few moments for introductions.

**OLD BUSINESS:**
Ms. Dunaway moved to approve the minutes from the December 2021 DUR Board Meeting, seconded by Dr. Bloodworth, and unanimously approved by the DUR Board.

**Resource Utilization Review:**
Dr. Pittman presented the resource utilization report for December 2021. Enrollment numbers continue to climb. Mr. Smith pointed out the shift in enrollment numbers. The proportion of those in the managed care organizations (MCOs) has declined while the proportion in fee-for-service (FFS) has increased. This shift is primarily a result of the public health emergency that was declared as a result of COVID-19. Dr. Pittman continued the review by walking board members through the resource report pointing out highlights.

**NEW BUSINESS:**

**Update on MS-DUR Educational Interventions:**
Dr. Pittman provided an overview of all DUR mailings and educational notices that occurred between December 2021 – February 2022.

**Special Analysis Projects:**

**Maternal Health Topics –**
MS-DUR presented a series of reports focusing on maternal health and drug utilization issues. This report included 4 projects: prenatal vitamin use among pregnant women, opioid use among pregnant women, low-dose aspirin use among pregnant women at high risk of preeclampsia, and angiotensin-converting enzyme (ACE) inhibitor and angiotensin receptor blocker (ARB) use among women of childbearing age.

***Prenatal Vitamin Use Among Pregnant Women***
Claims data analysis showed that prenatal vitamins were utilized in only 30.9% of pregnancy events between 2018 and 2021. Prenatal vitamin use may have been negatively impacted by supply-chain issues related to prenatal vitamins. Supply chain issues potentially pushed more beneficiaries to use over-the-counter vitamins in prenatal care. To increase access to prenatal vitamins, DOM recently expanded the number of prenatal vitamins included in their preferred drug list (PDL).

The following recommendations were presented:

1. DOM should initiate educational activities to increase awareness of their expanded PDL list of prenatal vitamins.
2. DOM should explore innovative approaches to increase prenatal vitamin use among beneficiaries.

*A robust discussion around various ways of increasing prenatal vitamin use occurred among the Board. Some of the ideas discussed included: encouraging prenatal vitamin use among teens of childbearing age; engaging pharmacists in initiating prenatal vitamin use among women of childbearing age by incentivizing pharmacists and pursuing prescriptive authority of pharmacists to prescribe prenatal vitamins; and removing obstacles that delay Medicaid enrollment of pregnant women.*

*Following the discussion, Dr. Bynum made a motion to approve recommendation #1, seconded by Dr. Fitts, and unanimously approved by the Board to accept the recommendation presented. Ms. Sudduth made a motion to approve recommendation #2, seconded by Dr. Bloodworth, and unanimously approved by the Board to accept the recommendation.*

***Opioid Use Among Pregnant Women***

The rates of opioid use among pregnant women in Mississippi Medicaid appear to be in line with rates published in the literature. Reductions in maximum MEDD levels, chronic use, and concomitant use with psychotropic medications all occurred following the implementation of Medicaid's opioid initiatives in 2019.

*No formal recommendations occurred as a result of this report.*

***Use of Low-dose Aspirin Among Pregnant Women at High-Risk for Preeclampsia***

Low-dose aspirin is recommended for use among pregnant women at high risk for developing preeclampsia. Claims data analysis revealed a low rate of low-dose aspirin use among this high-risk population. However, limitations in claims data likely prohibit capturing the true rate of low-dose aspirin use among high-risk Medicaid beneficiaries.

Board members engaged in a healthy discussion around ways to improve the use of low-dose aspirin among pregnant beneficiaries at high-risk for preeclampsia. The board noted that part of the issue may be a lack of knowledge of this recommendation among prescribers and pharmacists. The following recommendations were presented:

1. MS-DUR recommends that DOM explore and implement policies that encourage the prescribing and coverage of daily low-dose aspirin for women at high risk for preeclampsia as recommended by ACOG.
2. DOM should develop an educational piece to be included in an upcoming provider bulletin and distributed to professional member associations.

*Following the discussion, Ms. Dunaway made a motion to approve the recommendations, seconded by Dr. Brown, and unanimously approved by the Board.*

***Use of ACE Inhibitors and ARBs Among Women of Childbearing Age***

Despite well-documented risks of teratogenic effects associated with the use of ACE inhibitors and ARBs during pregnancy, there is significant use of these agents to treat hypertension among women of childbearing age. Our analysis indicated that among female Medicaid beneficiaries of childbearing age diagnosed with hypertension and treated with ACE inhibitors or ARBs, only 23.26% had concomitant use of contraception documented in claims data. This rate is well below other published rates of contraception use in women of childbearing age. Results from this analysis present great opportunities for future education and intervention activities.

The Board reiterated the idea of DOM developing mechanisms that would enable and encourage pharmacists to be more actively involved in patient management. Pharmacists could directly impact the provision of care related to maternal health and improve outcomes. Following a robust discussion, the below recommendation was presented:

1. DOM should include results from this analysis in future provider communications and should explore opportunities to increase contraception use rates among female beneficiaries of childbearing age prescribed ACE inhibitors or ARBs.

*Dr. Bynum made a motion to approve the recommendation, seconded by Dr. Fitts, and unanimously approved by the Board.*

**Use of Long-acting Injectable (LAI) Antipsychotics (APs) Among Medicaid Beneficiaries**

The creation of the Clinician-Administered Drugs and Implantable Drug System Devices (CADD) List in 2018 was intended to increase beneficiary access to needed Medicaid services. Since their addition to the CADD List, utilization of atypical LAI APs has consistently increased. Our analysis also found that when comparing outcomes in the 12-month period prior to and after LAI AP initiation, ED visits, hospitalizations, and continuity of care all improved.

Following discussion by the Board, the below recommendation was presented:

1. MS-DUR recommends DOM continue its current policies supporting access to long-acting injectable antipsychotic medications.

*Dr. Cardenas made a motion to approve the recommendation, seconded by Dr. Bloodworth, and unanimously approved by the Board.*

**FDA Drug Safety Updates:**
Dr. Pittman presented FDA drug safety communications for December 2021 – February 2022.

**Pharmacy Program Update:**
Ms. Kirby provided a pharmacy program update highlighting the following areas:

1) Medicaid will be changing their fiscal agent from Conduent to Gainwell. A tentative 'go live' date is proposed for October 2022. Providers are being sought to test the new system.
2) DOM recently updated the Prenatal Vitamin NDC List and the list of Physician Administered Drugs that require prior authorization.

**Next Meeting Information:**
The next meeting is scheduled for June 9, 2022.

*Dr. Taylor motioned to adjourn the meeting at 3:09 pm, seconded by Dr. Bloodworth, and unanimously approved by the Board.*

Submitted,

Eric Pittman, PharmD
Evidence-Based DUR Initiative, MS-DUR

# Drug Utilization Review Board



## March 3, 2022 DUR Board Registration – *now open*

Registration for the upcoming March 3 DUR Board Meeting is now open. Registration will close at 12pm on March 2. As a reminder, only one representative per company may attend. The registration link in addition to a list of companies that have registered are provided below. Meeting time will be 1:00 PM. DUR Packet may be downloaded at link provided below.

## DUR Board Overview

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

**Meetings**

Meetings will be held in Woolfolk Building Room 145 unless otherwise noted. 2022 dates are as follows:

- March 3, 2022;
- June 9, 2022;
- September 15, 2022; and,
- December 8, 2022

**Important Updates**: Beginning October 1, 2021, pharmaceutical and industry members, vendors, and general public must register to attend. Registration will open thirty (30) days prior to the meeting date. Registration will close at 12pm (noon) the day before the meeting. Due to the ongoing pandemic, *only one representative per company may register/attend*. Public speaking is not allowed at DUR meetings unless called on by the Board.

**Parking**: parking may be found on the perimeter of the Woolfolk Building, on the north side of the Woolfolk Building located at the old Wright and Ferguson building (yellow/brown building), and at the Division of Medicaid and First Baptist Church main parking lots at the corner of High Street and North President Street. *Guests may not park at the Woolfolk Building or in any parking space marked "Reserved".*

The following companies have met the one representative per company limit (as of 3/2/2022):

1. AbbVie
2. Biogen
3. Biohaven
4. Capitol Resources, LLC
5. Gilead
6. Global Blood Therapeutics
7. Indivior
8. Janssen
9. Merck
10. Novartis
11. Novo Nordisk
12. Regeneron
13. Sobi
14. Sunovion

**CLICK HERE to register online! You must register to attend DUR Board meetings.**
NOTE: Registration is **required** for all pharmaceutical industry and advocacy representatives to be able to attend DUR Board meetings.