MISSISSIPPI DIVISION OF MEDICAID DRUG UTILIZATION REVIEW (DUR) BOARD MINUTES OF THE JUNE 9, 2022 MEETING

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

^{**} 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;

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; Heather Odem, PharmD, Director of Pharmacy - Mississippi, UnitedHealthcare Community & State;

Alliant Health Staff:

Catherine Brett, MD, Quality Director, MS UM/QIO; Buddy Ogletree, PharmD, Pharmacist;

Visitors:

Eric Berthelot, Sobi – North America; Brandon Cope, Otsuka Pharmaceuticals; Tanner DeYoung, Capital Resources; Bridget Gipson, UCB; Shawn Headley, Gilead; Floyd Holmes, Lilly; Lawanda Lewis, Sanofi Specialty Care Market Access; Lisa Tracz, Global Blood Therapeutics; Shauna Williams, Bayer; Gene Wingo, Biogen.

Call to Order/Welcome:

Dr. Taylor called the meeting to order at 1:05 pm.

OLD BUSINESS:

Dr. Fitts moved to approve the minutes from the December 2021 DUR Board Meeting, seconded by Ms. Dunaway, and unanimously approved by the DUR Board.

Resource Utilization Review:

Dr. Pittman presented the resource utilization report for March 2022. Enrollment numbers continued to climb but at a slower rate. Dr. Pittman continued the review by walking board members through the resource report pointing out drug classes where utilization trends have consistently been increasing in recent months.

NEW BUSINESS:

Update on MS-DUR Educational Interventions:

Dr. Pittman provided an overview of all DUR mailings and educational notices that occurred between March 2022 – June 2022 including the one-time asthma education that recently occurred. This education is the first step in a larger provider education effort to increase awareness around recent asthma management recommendations focusing on single maintenance and reliever therapy. The board recommended including this education in a future provider bulletin.

Special Analysis Projects:

Metabolic Monitoring of Children and Adolescents Prescribed Antipsychotics

The use of antipsychotic medications in children and adolescents can increase a child's risk of developing serious metabolic issues. It is recommended that glucose and lipid monitoring occur prior to and routinely throughout treatment with these medications in children and adolescents. The National Committee for Quality Assurance (NCQA) has developed a Healthcare Effectiveness Data and Information Set (HEDIS) measure that assesses the percentage of children and adolescents with ongoing antipsychotic medication use that had metabolic testing during the year. MS-DUR has conducted multiple educational initiatives in the past to improve performance on this measure. Upon running the quality measure for calendar year 2020 and comparing MS' rate to other states, it was determined that MS ranks in the bottom quartile. Although performance has improved over previous years, continued work is needed.

The following recommendation was presented:

1. MS-DUR recommends DOM work the MCOs to develop innovative, targeted intervention(s) for improving metabolic monitoring for children and adolescents prescribed antipsychotics.

During the discussion, board members suggested DOM look into increasing access to point-of-care testing for beneficiaries. Opportunities could include ensuring community mental health centers have point-of-care testing available or allowing pharmacists the ability to conduct point-of-care testing. It was also suggested that DOM explore what other states are doing to increase performance on this rate.

Following the discussion, Ms. Dunaway made a motion to accept the recommendation as presented, seconded by Dr. Fitts, and unanimously approved by the Board.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Medication non-adherence is a major concern for individuals being treated for schizoaffective disorder or schizophrenia as it has been found to be a major cause of relapse and hospital readmission. When running the SAA quality measure, we found that 53.9% of the eligible beneficiaries had 80% or more adherence to antipsychotic medications during the measurement period, which is lower than the national median (62.5%) for other Medicaid programs that reported this measure. While bivariate associations between adherence and outcomes of interest were statistically significant, significant associations were only observed for all-cause ER visits when outcomes were assessed in the adjusted analysis. This points toward the need to explore the impact of adherence on outcomes among vulnerable individuals (i.e. those with comorbidities, previous hospitalizations or ED visits, etc.) and to develop targeted interventions.

The following recommendation was presented:

1. DOM should work with the MCOs to develop interventions that can improve performance on the SAA measure and bring Mississippi's rate in line with the national median. Interventions may look to specifically target vulnerable individuals.

Following a robust discussion, Dr. Moore made a motion to accept the recommendation as presented, seconded by Dr. Bynum, and unanimously approved by the Board.

Utilization of Smoking Cessation Therapy

Smoking is a major health concern with many negative effects associated with its use. Smoking rates have been found to be higher among Medicaid populations compared to the general population. Although smoking cessation medications are currently available on the UPDL, limited utilization has occurred in recent years. Currently, through Medicaid, smoking cessation counseling is only available to pregnant beneficiaries and utilization exceeds that of medication therapy in this population. Medicaid should seek opportunities to increase beneficiary uptake of smoking cessation therapy.

The following recommendation was presented:

 DOM should conduct educational interventions to increase the awareness of smoking cessation services offered and the products covered. These interventions should target prescribers, pharmacists, and beneficiaries.

The Board held a lengthy discussion around ways to increase beneficiary uptake of smoking cessation services. In addition to the recommendation presented by MS-DUR, the Board included 2 additional recommendations.

- 2. DOM should expand coverage eligibility for cessation counseling from only pregnant beneficiaries to all Medicaid beneficiaries.
- 3. DOM should explore a collaborative opportunity with the MS State Department of Health to establish a statewide standing order allowing pharmacists to prescribe OTC nicotine products.

Following discussion, Dr. Bynum made a motion to accept all three recommendations, seconded by Dr. Fitts, and unanimously approved by the Board.

Assessment of Predictors of Severe Maternal Morbidity

Improving maternal morbidity and overall maternal health is a priority focus area for DOM. MS-DUR presented a project proposal to the Board that will assess the relationship between risk factors and severe maternal morbidity events among pregnant Medicaid beneficiaries in Mississippi. Board members provided input on the study design.

No formal recommendations occurred as a result of this report.

FDA Drug Safety Updates:

Dr. Pittman presented FDA drug safety communications for March 2022 – June 2022.

Pharmacy Program Update:

Ms. Kirby provided a pharmacy program update highlighting the following areas:

- 1) Ms. Kirby thanked the Board members whose terms are expiring for their service to Medicaid.
- Medicaid will be changing its fiscal agent to Gainwell. Implementation is planned for October 2022.
- 3) Ms. Kirby recognized Ms. Dunaway as our incoming DUR Board Chair and thanked the outgoing chair, Dr. Taylor, for his service.

Next Meeting Information:

The next meeting is scheduled for September 15, 2022.

Dr. Pierce motioned to adjourn the meeting at 2:54 pm, seconded by Dr. Moore, and unanimously approved by the Board.

Submitted,

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

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

<u>Important Updates</u>: 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.

<u>Parking</u>: 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 <u>not</u> park at the Woolfolk Building or in any parking space marked "Reserved".

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.

The following companies have met the registration limit as of June 8, 2022:

- 1. Bayer
- 2. Biogen
- 3. Capitol Resources
- 4. Change Healthcare
- 5. Chiesi
- 6. Gene
- 7. Gilead
- 8. Global Blood Therapeutics
- 9. Indivior
- 10. Lilly
- 11. Otsuka
- 12. Regeneron
- 13. Sanofi
- 14. Sarepta
- 15. Sobi
- 16. UCB
- 17. United Healthcare

