# MISSISSIPPI DIVISION OF MEDICAID DRUG UTILIZATION REVIEW (DUR) BOARD MINUTES OF THE SEPTEMBER 7, 2023 MEETING

DUR Board Roster:	Dec	Mar	Jun	Sep
State Fiscal Year 2023	2022	2023	2023	2023
(July 1, 2023 – June 30, 2024)				
Joseph Austin, MD	✓		✓	✓
Amy Catherine Baggett, PharmD				✓
Terrence Brown, PharmD	✓	✓	✓	✓
Chrysanthia Davis, PharmD	✓	✓	✓	<b>✓</b>
Tanya Fitts, MD			✓	✓
Dena Jackson, MD				✓
Jahanzeb Khan, MD	✓	✓	✓	✓
Holly Moore, PharmD	✓	✓	✓	
Kristi Phelps, RPh	✓	✓		
Joshua Pierce, PharmD	✓		<b>✓</b>	✓
Bobbie West, MD		✓		
TOTAL PRESENT**	8	7	7	8

<sup>\*\*</sup> 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; Vanessa Banks, RN, Program Integrity; Roxanne Coulter, RN, Program Integrity

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

Eric Pittman, PharmD, MS-DUR Project Director; Kaustuv Bhattacharya, PhD, MS-DUR Research Assistant Professor; Ben Banahan, PhD, Research Staff; Claire Lin, Graduate Student; Arman Arabshomali, Graduate Student; Alfred Eriakha, Graduate Student; Emily Gravlee, Graduate Student;

## **Medimpact Staff:**

Chris Benton, PharmD, Clinical Account Manager;

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

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

#### **Gainwell Staff:**

Tricia Banks, PharmD, MS Pharmacy Services Manager;

#### Alliant Health Staff:

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

#### **Visitors:**

Gene Wingo, Biogen; Michele Shirley, Indivior; Shawn Headley, Gilead; Paula Whatley, Novo Nordisk; Pete Smith, Capital Resources; Floyd Holmes, Lilly; Chasity Caston, Bioscrips; Meg Pearson, MSDH; Todd Dear, MSBOP; Stephanie Mueller, MSBOP; Cindy Noble, Independent Contractor; Griffin Sublet; Pharmacy Student; Devin Demaree, Pharmacy Student; Ann Sublett, Pharmacy Student;

## **Call to Order/Welcome:**

Dr. Fitts called the meeting to order at 1:02 pm.

#### **OLD BUSINESS:**

Dr. Austin moved to approve the minutes from the June 2023 DUR Board Meeting, seconded by Dr. Khan, and unanimously approved by the DUR Board.

#### **Resource Utilization Review:**

Dr. Pittman presented the resource utilization report for September 2023. Dr. Pittman noted that MS-DUR continues to experience data transfer issues with the encounter claims from Gainwell therefore the resource report only included data from the Fee-for-Service Program. DOM continues to work with Gainwell to resolve the issues.

#### **NEW BUSINESS:**

### **Appointment of Vice-Chair**

Following a discussion by the Board, Dr. Chrysanthia Davis volunteered to serve as Vice-Chair for the upcoming year.

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

Dr. Pittman provided an overview of all DUR mailings and educational notices that occurred between June 2023 – July 2023. He also provided members with an update on the mailing on the preventive use of low-dose aspirin in pregnant beneficiaries at risk of preeclampsia. The final edits have been made by DOM and the mailing will be sent out soon.

## **Special Analysis Projects:**

#### **PMP Data Trends**

When analyzing PMP data for Medicaid beneficiaries, MS-DUR found that approximately 7% of patient inquiries each month resulted in what were considered to be invalid or questionable linkages to claims. Except for the period during the height of COVID, the total number of claims for reportable drugs and for opioids has remained somewhat constant during the three-year period examined. There has been a shift in payment source for these prescription claims with a decrease in payments by Medicaid and an almost equally large increase in payment by "other

payers." The use of cash payments has increased slightly among Medicaid beneficiaries, but the primary shift has been to other types of insurance. Approximately 42% of opioid claims for individuals enrolled in Medicaid are paid by a source other than Medicaid. With only 58% of opioid prescriptions being processed by Medicaid, it is extremely difficult, if not impossible, for Medicaid agencies to appropriately monitor opioid use among their beneficiaries using traditional prospective and retrospective DUR activities. It is important for state Medicaid agencies to have consistent access to PMP data for DUR purposes. Without these data, abuse detection and intervention programs will only have knowledge about 58% of opioid claims.

The following recommendations were presented:

- 1. DOM is encouraged to use PMP data cautiously to identify potential misuse. Invalid linkages of claims to beneficiaries and errors in recording prescriber identification can contribute to false positives in programs designed to detect misuse. Retrospective DUR reports can use PMP to better identify patients potentially at risk, but DOM will need to evaluate each case carefully to avoid acting on false positives.
- 2. DOM and others should encourage MS PMP to include unique patient identifiers as required fields, if possible, to reduce the problems with patient linkages to claims.

During the discussion, Stephanie Mueller from the Board of Pharmacy provided insights into some of the difficulties with including a unique patient identifier into the PMP system. Following extensive discussion, Dr. Davis made a motion to accept the recommendations, seconded by Dr. Brown, and unanimously approved by the Board.

## **Opioid Guidelines and Trends**

Recognizing the need to establish a national guideline on pain management to combat the opioid epidemic, the CDC issued guidance in 2016 for the prescribing of opioids for chronic pain. This guidance ushered in sweeping regulatory and policy changes across the US targeting opioid prescribing. In 2019, Mississippi Medicaid implemented their Opioid Initiatives based on the CDC's recommendations and the SUPPORT Act requirements. Criteria implemented by DOM effectively altered prescribing patterns to comply with the Opioid Initiatives. Medicaid also utilizes quantity limits to manage opioid use, however, little evidence supports the use of quantity limits. An alternative approach to using quantity limits could be the use of cumulative MEDD limits. With the CDC's updated 2022 Guideline's, DOM should examine their current opioid initiatives and determine if any changes need to be made.

The following recommendations were presented:

- DOM is encouraged to seek input from the DUR Board on current Medicaid policies related to opioid prescribing and the updated 2022 CDC Guideline for Prescribing Opioids in Chronic Pain.
- 2. DOM is encouraged to explore the possibility of replacing quantity limit criteria for opioids with cumulative MEDD criteria.

During their discussion, the Board felt current Medicaid policies were in line with the Mississippi Board of Medical licensure's current regulations. Medicaid was encouraged to examine their opioid policies if and when the Board of Medical Licensure changes their regulations. The Board also discussed nonpharmacologic therapies for pain and provided an additional recommendation:

3. DOM is encouraged to explore covering nonpharmacologic therapies for chronic pain management.

Following a robust discussion, Dr. Pierce made a motion to accept the recommendations, seconded by Dr. Austin, and unanimously approved by the Board.

#### **Naloxone Trends**

Opioid-related overdose deaths have risen dramatically across Mississippi and the US in recent years. Naloxone is a safe and effective treatment that can reverse the effects of opioids and prevent deaths. Although many efforts have taken place at both the state and national levels to increase naloxone access, utilization continues to be low. More work needs to be done to decrease stigma and improve access to this life-saving treatment for those at high-risk of experiencing adverse opioid events.

The following recommendations were presented:

- DOM is encouraged to pursue efforts to increase the utilization of naloxone, especially among those at high-risk of experiencing an adverse opioid event. These efforts could include:
  - a. Conducting an educational intervention targeting pharmacists to increase the availability of naloxone in community pharmacies and improve the rates of dispensing naloxone through MSDH's Naloxone Standing Order.
  - b. Conducting an educational intervention targeting prescribers to increase their rates of prescribing naloxone among Medicaid beneficiaries considered high-risk of experiencing an opioid overdose.

During the Board's discussion, an additional recommendation was added:

c. Develop an educational flyer targeting patients prescribed opioids that can be displayed in prescribers' offices or pharmacies.

Following a brief discussion, Dr. Brown made a motion to accept the recommendations, seconded by Dr. Baggett, and unanimously approved by the Board.

## **Buprenorphine Trends**

The prescribing of buprenorphine products among Medicaid beneficiaries continues to increase. The inclusion of buprenorphine containing products as preferred agents not requiring prior authorization for use in MAT as well as the removal of limits on the length of therapy are

steps DOM has taken to improve access to buprenorphine products. With passage of the MAT Act in 2022 removing waiver requirements to prescribe buprenorphine, access to these products should continue to improve.

The following recommendation was presented:

1. DOM is encouraged to continue working internally and expand their reach to external stakeholders in efforts to improve access to MAT across the state.

Following a brief discussion, Dr. Jackson made a motion to accept the recommendations, seconded by Dr. Austin, and unanimously approved by the Board.

## **FDA Drug Safety Updates:**

No new FDA drug safety communications were published between June 2023 – August 2023.

## **Pharmacy Program Update:**

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

- All generic Vyvanse was coded as preferred on the UPDL.
- In October 2023, Magnolia is changing to a new PBM with a new BIN number.
- DOM is working with CMS to acquire Medicare Part D claims information for dual eligible Medicaid beneficiaries.
- DOM has updated their RSV Synagis PA language.

### **Next Meeting Information:**

The next Board meeting is scheduled for December 7, 2023.

Dr. Brown adjourned the meeting at 3:35 pm

Submitted,

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

**Meeting Location**: Woolfolk Building, 501 North West Street, Conference Room 145, Jackson, MS 39201, unless otherwise noted by the corresponding date of the meeting listed below.

**Contact Information:** Office of Pharmacy:

Chris Yount, 601-359-5253: <a href="mailto:Christopher.yount@medicaid.ms.gov">Christopher.yount@medicaid.ms.gov</a>, or Jessica Tyson, 601-359-5253; <a href="mailto:Jessica.Tyson@medicaid.ms.gov">Jessica.Tyson@medicaid.ms.gov</a>

Notice details:

State Agency: MS Division of Medicaid

Public Body: Drug Utilization Board (DUR) Meeting

**Subject:** Quarterly Meeting

**Dates and Times:** 

2023 dates:

- March 2, 2023 (1-3pm; Room 117, Woolfolk Building)
- June 15, 2023 (1-3pm; Room 145)
- September 7, 2023 (1-3pm; Room 145)
- December 7, 2023 (1-3pm; Room 145)

**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.

