

**MISSISSIPPI DIVISION OF MEDICAID  
DRUG UTILIZATION REVIEW (DUR) BOARD  
MINUTES OF THE SEPTEMBER 18, 2025 MEETING**

<b>DUR Board Roster: State Fiscal Year 2025 (July 1, 2025 – June 30, 2026)</b>	<b>Dec 2024</b>	<b>Mar 2025</b>	<b>Jun 2025</b>	<b>Sep 2025</b>
Amy Catherine Baggett, PharmD		✓		✓
Terrence Brown, PharmD		✓	✓	✓
Greg Browning, MD	NA	NA	NA	✓
Rachel Burt, PharmD	NA	NA	NA	✓
Steven Clark, MD	NA	NA	NA	✓
Chrysanthia Davis, PharmD	✓	✓	✓	✓
Dena Jackson, MD		✓	✓	
Jessica Lavender, MD		✓	✓	✓
Holly Moore, PharmD	✓	✓		✓
Joshua Pierce, PharmD		✓	✓	✓
Gaylen Sanders, MD	✓	✓	✓	✓
Joshua Trull, DO	✓	✓		✓
<b>TOTAL PRESENT**</b>	<b>5</b>	<b>11</b>	<b>7</b>	<b>11</b>

*\*\* 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; Amy Ly-Ha, PharmD, Pharmacist II; Kimberly Meredith, Student Pharmacist; Olivia Mottlau, Student Pharmacist;

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

Eric Pittman, PharmD, PhD, MS-DUR Project Director; Kaustuv Bhattacharya, PhD, MS-DUR Research Assistant Professor; John Bentley, PhD, CPMM Director; Connor Callahan, Student Pharmacist Intern;

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

Jenni Grantham, PharmD, Director of Pharmacy, Magnolia Health; Jessica Lawson, PharmD, TruCare;

**Gainwell Staff:**

Lew Ann Snow, RN, Advisor Business Analyst; Tricia Banks, PharmD, Director of Pharmacy;

**Teligen Staff:**

Buddy Ogletree, PharmD, Pharmacist; Samuel Lyles, Student Pharmacist;

**Visitors:** Paula Whatley, Novo Nordisk; Folger Tuggle, Alnylam.

**Call to Order/Welcome:**

The meeting began at 1:05 pm.

**OLD BUSINESS:**

Dr. Brown moved to approve the minutes from the June 2025 DUR Board Meeting, seconded by Dr. Davis, and unanimously approved by the DUR Board.

**Resource Utilization Review**

Dr. Pittman presented the resource utilization report for June 2025. Data presented was across all pharmacy programs. With this being the first meeting for three new Board members, Dr. Pittman took the opportunity to provide the Board with a brief overview of resource utilization tables.

**NEW BUSINESS:**

**Election of Co-Chair**

Dr. Brown nominated Dr. Lavender to serve as Co-Chair for the upcoming year, and Dr. Trull seconded the motion. No other nominations were brought forth. Nominations were closed and the Board unanimously approved Dr. Lavender as the new Co-Chair.

**Update on MS-DUR Educational Interventions**

Dr. Pittman provided an overview of all DUR mailings and educational notices that occurred between June 2025 and August 2025.

**Influenza Annual Update**

Dr. Pittman provided the Board a review of influenza vaccination and treatment during the 2024-2025 season. While 2024-2025 flu season was classified as one of the most severe seasons in recent years, the total number of MS Medicaid members vaccinated against influenza decreased slightly compared to the prior season. Additionally, the number of members treated with anti-influenza agents was lower than the prior season.

For next year, the Board requested MS-DUR examine the proportion of members hospitalized with flu-related illnesses who had received influenza vaccination. After a brief discussion, no formal recommendations were proposed as a result of this report.

**RSV Annual Update**

Dr. Pittman provided the Board with a review of RSV prevention among Medicaid members during the 2024-2025 RSV season. For the 2024-2025 RSV season, MS Medicaid saw a dramatic increase in the proportion of infants who received RSV protection during their first RSV season. During this past season, approximately 22% of eligible newborns received RSV protection, up from 10% in the 2023/2024 RSV season. While encouraging, efforts should be undertaken to continue increasing the proportion of newborns protected from RSV. MS-DUR will examine RSV

protection by county to identify areas where additional education may be needed. Concluding a robust discussion, MS-DUR made the following recommendation:

- DOM should communicate with prescribers the importance of RSV protection for newborns, including in this communication the process for Medicaid billing for these agents.

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

### **Medicaid Case Mix Change**

Understanding how Medicaid enrollment has changed in recent years is vital in explaining shifts in spending as well as in preparing future budgeting models. Factoring inflation-adjustments into annual costs, MS Medicaid saw modest increases in spending during the observation period. During the COVID-19 pandemic, enrollment numbers climbed as a result of the public health emergency (PHE). Following the end of the PHE and unwinding in 2023, Medicaid enrollment declined, however, the remaining members were those with higher utilization of services. Throughout the entire period, the proportion of the total costs attributed to pharmacy costs remained relatively flat between 20-23%. Coupling the decline in enrollment with the retention of higher utilizers of services drove the per member per month (PMPM) costs up in 2024. Upon examining total costs by comorbid conditions, conditions where high-cost biologic agents were approved or received additional on-label indications, such as dermatology and autoimmune disorders, saw the largest PMPM increases.

This report was primarily for informational purposes. Following discussion, no formal recommendations were proposed as a result of this report.

### **Preliminary Healthcare Utilization Patterns Among Members Initiating GLP-1 RA Anti-obesity Medications**

When comparing healthcare expenditures during the 12 month pre- and post-initiation of glucagon-like peptide-1 receptor agonists anti-obesity medications (GLP-1 RA AOMs) between July 2023 and June 2024, it was noted that comorbid conditions and adherence patterns may influence potential cost savings. It should be noted that the current study sample includes approximately 17% of the total number of Medicaid members who have initiated GLP-1 RA AOMs to date in MS Medicaid. Additionally, supply-chain issues potentially impacted adherence patterns for members during the study period. Given these considerations, these preliminary findings, especially in certain specific adherence-stratified clinical subgroups, are limited by small sample size and presence of outlier data. Despite the above-mentioned considerations and limitations, in this sample of the MS Medicaid population who initiated GLP-1 RA AOMs, the data suggests specific patient groups where potential impacts on healthcare utilization may be seen in a relatively short period of time. Members with comorbidities of type 2 diabetes mellitus (T2DM) and metabolic dysfunction-associated steatotic liver disease (MASLD) saw mean total cost savings, excluding the cost of the GLP-1 RA AOM, in one-year post-initiation,

regardless of adherence. Additionally, those with kidney-related conditions, hyperlipidemia, cardiovascular disease, and hypertension saw savings among those with higher adherence. Further work will continue examining additional factors that may impact cost savings associated with GLP-1 RA AOM use among Mississippi Medicaid members.

During a robust discussion, Board members offered input regarding future considerations to examine. It was suggested that MS-DUR examine additional comorbidities such as depression and osteoarthritis. Board members also encouraged MS-DUR to explore phase-specific costs (initiation versus maintenance), utilization of other preventive care services, and control for catastrophic events unrelated to obesity.

No formal motions were made in reference to this report.

**FDA Drug Safety Updates:**

Dr. Pittman reviewed the FDA drug safety communications published between June 2025 through August 2025.

**Input on MCO Incentive/Withhold Program**

DOM solicited input from the DUR Board on the quality measures used as part of the Managed Care Organization (MCO) Incentive/Withhold Program. Members suggested replacing the Immunizations for Adolescents (IMA) measure with the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC).

**Pharmacy Program Update:**

The following items were included in the pharmacy program update:

- The Board was reminded of the Pharmacy and Therapeutics Committee's purpose and their upcoming meeting in October 2025.
- DOM recently held train-the-trainer sessions for care managers with the coordinated care organizations around obesity management.
- Annual open enrollment for the coordinated care organizations that participate in MississippiCAN program will run October 1, 2025 through December 15, 2025, with changes being effective January 1, 2026.
- Mississippi Medicaid recently received their notice of funding from the Centers for Medicare and Medicaid Services for the cell and gene therapy access model. Mississippi was one of eight states to receive this funding.

**Next Meeting Information:**

Remaining meeting dates for 2025:

- December 11, 2025

Dr. Brown adjourned the meeting at 3:07 pm.

Submitted,

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

## DUR Board Meeting Resources

### Members

The DUR Board is composed of twelve participating Medicaid providers who are in good standing with their representative organizations.

- [DUR Board Member List](#)

### Meetings

Meetings will be held on the following dates at 1:00 p.m. in the Cobb Conference Room at 550 High St, Jackson, MS ([see map](#)).

- March 20, 2025
- June 12, 2025
- September 18, 2025
- December 11, 2025

The September 18 meeting may be viewed virtually by clicking on the following link:  
[Click Here for MS Medicaid DUR Live Broadcast on September 18, 2025, at 1:00 p.m.](#)

Please note: This link will only be live during the meeting and will not be archived for future viewing.