HFS
Illinois Department of
Healthcare and Family Services

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Drug Utilization Review Advisory Board Meeting Minutes

Date | Time: Thursday, April 30, 2026 | 8:30 a.m. to 10:30 a.m.
Location: This meeting was held virtually via WebEx Webinar
Audience: Drug Utilization Review Advisory Board

Council Members Present:
Chair (*)
Vice-Chair (**)

Bernice Man
Chad Kodiak*
Huzefa Master
Jewel Younge
Priti Shah
Santina Wheat

Absences Recorded:
Stefanie Toomey**
Tracy Milbrandt

HFS and UIC Staff Present:
Arvind Goyal
Chintan Patel
Claudia Colombo
Heather Freeman
Jennifer DeWitt
Mary Moody
Melissa Davis
Michael Welton
Jose Jimenez

I. **Call to Order:** The meeting was called to order by, Dr. Chad Kodiak, DUR Chair, Thursday, April 30, 2026, at 8:33 a.m. via the WebEx Platform.

II. **Roll Call of Council Members:** Dr. Kodiak, DUR Chair, facilitated roll call of Board members. **Quorum was confirmed**.

III. **Conflict of Interest Declaration and Approval of Agenda:** No DUR Advisory Board members had conflicts of interest pertinent to the agenda. Dr. Kodiak reminded the Board members to recuse themselves from the discussion if conflicts of interest arise and to submit an updated Conflict of Interest form if new conflicts are identified.

A. **Motion**: The current meeting agenda with no changes or additions was moved for approval by Jewel Younge, DUR board member. Priti Shah, DUR board member, seconded the motion. No oppositions. No abstentions. **Motion carried**.

IV. **Review and Approval of Meeting Minutes:** The minutes from January 29, 2026, were moved for approval by Santina Wheat, DUR board member. Jewel Younge, DUR board member, seconded the motion. No oppositions. No abstentions. **Motion carried**.

V. **Approval of Destruction of Recorded Meeting Records 18 months and older:** Santina Wheat, DUR board member, presented a motion to destroy recorded meeting records dating back to October 2024. Priti Shah, DUR board member, seconded the motion. No oppositions. No abstentions. **Motion carried**.

VI. **Board Updates:** No board updates.

VII. **Retrospective DUR**:

A. Review of Concomitant Prescribing of Opioids and Benzodiazepines for Illinois Medicaid Members

1. Clinical review provided by Claudia Colombo. A retrospective review of opioids and benzodiazepines is required annually by the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. The presentation consisted of a review of the trend in claims and recipient identification numbers (RINs) for opioids, benzodiazepines, and concomitant opioids and benzodiazepines for the total Medicaid population, Fee-for-Service (FFS) population, Managed Care Organization (MCO) population, and the FFS-MCO crossover population over a 12-month period from 7/1/2024 to 6/30/2025 (State Fiscal Year [SFY2025]). The numbers for SFY2025 were compared to those of SFY2024. Initially, reductions in claims and RINs were observed in each population. However, the Medicaid population decreased from SFY24 to SFY25. The percentage of claims per RIN was the same or similar in each Medicaid population in SFY24 and SFY25 for opioids, benzodiazepines, and concomitant opioids and benzodiazepines. Meaning that the decrease in claims and RINs was due to the population drop and not due to a decrease in prescribing. FFS will continue to utilize the hard edit for concomitant opioids and benzodiazepines. Continue educating providers on the risks associated with co-prescribing opioids and benzodiazepines. Pharmacy staff will deliver this education through Academic Detailing sessions and targeted messages that inform providers about the potential dangers of concomitant use.
2. Board discussion included questions regarding the process for identifying patients for inclusion in the FFS lock-in program. Jose Jimenez offered to contact the Office of the Inspector General (OIG) to attend the next DUR Board meeting and provide more details about the lock-in process.

Board also inquired if Academic Detailing could target providers who prescribe concomitant opioids and benzodiazepines. There were no Board motions.

B. Review of Prescribing of Naloxone in Illinois Medicaid Members Receiving Opioids
   1. Clinical review provided by Claudia Colombo. Assessment of opioid use without naloxone is required annually by the SUPPORT Act. The review looked at claims and RINs for opioids, opioids with a naloxone claim, and opioids without a naloxone claim in the total Medicaid population, which consists of the FFS population, the MCO population, and the crossover population. A 6-month period (7/1/2025 to 2/31/2025) was compared with the previously reviewed 6-month period, (7/1/2023 to 12/31/2023). The lookback period for naloxone was 2 years. Co-prescribing of naloxone remains very low in all populations reviewed. Academic Detailing's opioid and naloxone-related topics available for provider education were reviewed.
   2. Board discussion: Board discussion included the rationale behind why patients decline naloxone when seen by a provider in clinic or picking up an opioid prescription from a pharmacy. Board asked if there was a way to quantify how much naloxone is distributed by community organizations. Board also inquired if a provider prescribed naloxone, but the patient declined, would it be visible in the FFS system. It would be visible if the naloxone claim was processed or reversed. There were no Board motions.

VIII. **Prospective DUR**

A. Montelukast Black Box Warning and Potential Drug-Drug Interaction Edit.
   1. Clinical review provided by Claudia Colombo. Post-marketing case reports for montelukast have shown a possible risk of developing neuropsychiatric adverse events (NPAEs). The HFS DUR team sought to determine if the number of Medicaid patients receiving concomitant montelukast and an antidepressant or antipsychotic was significant. The Medicaid population- FFS, MCO, and crossover patients, aged 21 and younger- was reviewed to identify individuals receiving montelukast alone, antidepressants or antipsychotics alone, both concurrently, or montelukast followed by subsequent use of an antidepressant or antipsychotic. Based on the data, no hard edits were recommended, but a soft edit for montelukast for educational purposes for the MCOs was encouraged.
   2. Board discussion: Board discussion included a suggestion for educating providers who prescribe montelukast with an antidepressant or antipsychotic. Also discussed if parents of younger patients are aware of the Black Box Warning.
   3. **Motion**: Santina Wheat, DUR Board member, motioned to begin provider outreach/education for patients receiving montelukast and an antidepressant or antipsychotic in FFS members. The MCOs are also encouraged to follow this suggestion Jewel Younge, DUR Board member, seconded the motion. No oppositions. No abstentions. **Motion carried**.

IX. **DUR Education**

A. Request made by Claudia Colombo for permission to post the updated Standard of Care in Diabetes 2026 guidelines.
B. **Motion**: Chad Kodiak, DUR Chair, presented a motion for the Department to post the updated Standard of Care in Diabetes 2026 Guidelines publicly. Bernice Man, DUR board member, seconded the motion. No oppositions. No abstentions. **Motion carried**.

X. **Public Comments**

A. None.

XI. **New and Old Business, Announcements, HFS Department Updates**

A. New/Old Business:
   1. Follow-up from the October 30, 2025, meeting. The topic was A Review of FDA-Approved Age Edits for Serious Mental Illness (SMI) Drugs. The Board requested the provider type and location demographics for providers prescribing haloperidol for patients 18 years and younger in Illinois. Results were as expected.
   2. A Board member raised a discussion about focusing on prescribing patterns for serious mental illness drugs, specifically Vraylar, Caplyta, and Rexulti. The MCOs wish to conduct a review to evaluate how prescribing patterns have changed since removing prior authorization for Vraylar, Caplyta, and Rexulti.
      a. **Motion**: Chad Kodiak, DUR Chair, presented a motion for the Department to evaluate whether prescribing patterns have changed since removing prior authorization for Vraylar, Caplyta, and Rexulti. Jewel Younge, DUR board member, seconded the motion. No oppositions. No abstentions. **Motion carried**.
   3. Summary of pertinent topics from the ADURS 2026 meeting provided.

B. Announcements: Informational only on pharmacy-specific provider notices provided.

C. Next DUR board meeting: Thursday, July 30, 2026, 8:30 a.m.-10:30 a.m.

XII. **Adjournment:** Meeting was adjourned at 9:59 a.m.

A. Motion to adjourn the meeting made by Santina Wheat, DUR board member. Bernice Man, DUR board member, seconded the motion. No oppositions. No abstentions. **Motion carried**.

Approved by the DUR Advisory Board on **7.30.26**