HFS
Illinois Department of
Healthcare and Family Services

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Drug Utilization Review Advisory Board Meeting Minutes

Date | Time: Thursday, October 30, 2025 | 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 (**)

Chad Kodiak, PharmD*	Stefanie Toomey, PharmD**
Bernice Man, MD	Santina Wheat, MD, MPH, FAAFP, AAHIVS
Priti Shah, PharmD	Jewel Younge, PharmD, BCPS

HFS and UIC Staff Present:

Claudia Colombo	Brianna Hudak
Jennifer DeWitt	Mary Moody
Thomas Dorn	Chintan Patel
Arvind Goyal	Maurice Shaw

I. **Call to Order, Roll Call:** The meeting was conducted via WebEx webinar format in accordance with the Open Meetings Act.
   A. Dr. Chad Kodiak called the meeting to order at 8:32 a.m.

II. **Roll Call of Council Members:** Dr. Kodiak 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 are present and to provide an updated Conflict of Interest form if new conflicts arise.
   A. The current meeting agenda, with no changes or additions, was moved for approval by Dr. Younge and seconded by Dr. Wheat. Motion passed.

IV. **Review and Approval of Meeting Minutes:** The minutes from July 31, 2025 were moved for approval by Dr. Wheat and seconded by Dr. Younge. Motion passed.

V. **Approval of Destruction of Recorded Meeting Records 18 months and older:** A motion to destroy recorded meeting records dating back to April 2024 was made by Dr. Toomey and seconded by Dr. Shah. Motion passed.

VI. DUR Board Updates:

A. Proposed DUR Bylaws Change: Change the status of the Managed Care Organization (MCO) Board member from a voting member to a non-voting member.
B. Purpose of Change:
    1. Align with the Drugs & Therapeutics (D&T) Board Bylaws.
    2. Each MCO is federally required to have its own DUR program.
C. Board recommendations:
    1. Motion to approve the DUR Bylaws change the status of the MCO member to a non-voting member was made by Dr. Shah and seconded by Dr. Toomey. Motion passed.

VII. Retrospective DUR

A. Review of Adherence to HIV Antiretroviral Therapy (Brianna Hudak, PharmD, BCACP, MHPE)
    1. Statistics of members with HIV and Illinois Medicaid were discussed. Medicaid covers 50% of IL HIV population.
    2. Importance of adherence to HIV antiretroviral therapy (ART)
        a. Adherence to ART is key for suppression of HIV viral load, which is recommended for all patients with HIV. Importantly, viral suppression reduces HIV transmission.
    3. Adherence data reviewed included members in fee-for-service (FSS) and MCO with a diagnosis of HIV on non-injectable ART over a 1-year period. Adherence was defined as a 90% proportion of days covered (PDC).
    4. Percentage of members receiving ART and meeting the adherence threshold in FFS was 22.25%, in MCO, 37.7%, total of 37.01%.
    5. A similar initiative done by Tennessee Medicaid, where patient and provider education were provided. Non-adherence rates decreased from 56.9% to 41.9%.
    6. Board recommendations:
        a. Motion for the pharmacy team to conduct a deeper investigation with the assistance of providers into the causes of non-adherence in their HIV patients to then determine next steps on interventions to improve adherence, made by Dr. Younge and seconded by Dr. Man. Motion passed.
B. Metabolic Monitoring in Members receiving Antipsychotics (Chintan Patel, PharmD, MPH, BCPS)
    1. Topic chosen due to changes in the Consolidated Appropriations Act (CAA) of 2024. Effective in March 2026, state Medicaid's DUR programs are required to monitor the use of antipsychotic drugs in adults who receive home- and community-based services or those in institutional-care settings, in addition to monitoring children, which was previously required.
    2. Adult members in FFS receiving antipsychotic drugs were looked at over a 1-year period.
    3. The following metabolic monitoring parameters were used for adults on antipsychotic drugs: blood glucose, hemoglobin A_1C, standard lipid panel, body mass index (BMI), blood pressure, and documentation of outpatient visits that included vitals, physician interpretation, and other relevant clinical notes. Monitoring parameters were reviewed over a 2-year period.
    4. A total of 9,238 adult members received antipsychotic drugs over the 1-year period. Of those, 2,109 members did not receive any metabolic monitoring, 7,129 members received metabolic monitoring. Total of 29.6% adult members receiving antipsychotic drugs did not receive any metabolic monitoring.
    5. Initiatives done by Indiana Medicaid and by the Illinois Medicaid MCOs were discussed.

6. Board recommendations:
    a. Motion for the pharmacy team to learn more about Illinois Medicaid MCO initiatives regarding metabolic for their adult members on antipsychotics and any subsequent impacts, made by Dr. Kodiak and seconded by Dr. Toomey. Motion passed.

VIII. Prospective DUR

A. Antipsychotic Safety Edit: Expansion of Long-Term Care (LTC) Prior Authorization to include Community Integrated Living Arrangements (CILA) and Supported Living Facilities (SLF) (Claudia Colombo, PharmD)
    1. Informational review for the implementation of the Board of the safety edit to meet the updated requirements of the Consolidated Appropriations Act.
B. Review of FDA-Approved Age Edits for Serious Mental Illness Medications (Typical Antipsychotics) (Claudia Colombo, PharmD)
    1. Review of FDA-approved age ranges for antipsychotic drugs was conducted to ensure appropriate prescribing for members (particularly children), and to fulfill the monitoring requirements of the Consolidated Appropriations Act and CMS's DUR Annual Report.
    2. HFS currently has age edits on atypical antipsychotics, but none on typical antipsychotics.
    3. Typical antipsychotic utilization in children under 18 years in FFS and MCOs was reviewed.
    4. A total of 38 members in FFS and 138 members in MCOs over a 1-year period in members under 18 received a typical antipsychotic. Out of those receiving a typical antipsychotic, the most commonly prescribed in both FFS and MCO was haloperidol (32 members in FFS and 121 members in MCO).
    5. A similar initiative done by Idaho Medicaid was discussed.
    6. Board recommendations:
        a. Motion to have the pharmacy team gather the providers that are prescribing haloperidol in children under 18 in FFS and MCO to determine if trends exist such as the type of provider, a certain specialty, or are located in a specific location in Illinois made by Dr. Kodiak and seconded by Dr. Younge. Motion passed.

IX. Education (Claudia Colombo, PharmD)

A. HFS has provided the Board with two educational handouts for review and posting to the HFS DUR education website.
    1. Handout #1: Statins and Other Hypercholesterolemia Treatments
    2. Handout #2: Optimizing Diabetes Management: An Educational Update for Providers
B. Motion to add the handouts to the HFS DUR webpage was made by Dr. Man and seconded by Dr. Wheat. Motion passed.

X. Public Comments- No public comment at this meeting.

XI. Old/New Business, Announcements, Updates

A. New/Old Business (Claudia Colombo, PharmD)
    1. HFS Administration approval and denial of motions from the July 2025 meeting were presented to the Board.
B. Announcements (Claudia Colombo, PharmD)
    2. Relevant Provider Notices from the past quarter released by HFS were presented to the Board.
C. Department update: No department update at this meeting.

XII. Adjournment: Meeting was adjourned at 9:45 a.m.

A. Motion to adjourn the meeting made by Dr. Shah and seconded by Dr. Man. The motion was passed.
B. Next meeting is scheduled for January 29, 2026, 8:30 a.m. – 10:30 a.m.

Approved by the DUR Advisory Board on January 29, 2026