



HFS

**Illinois Department of
Healthcare and Family Services**

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Drug Utilization Review Advisory Board Meeting Minutes

Date | Time: Thursday, April 24, 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 (**)

Aneet Ahluwalia, MD

Chad Kodiak, PharmD

Bedrija Nikocecic, PharmD, BCACP**

Priti Shah, PharmD

Radhika Sreedhar, MD, MS, FACP*

Erica Stevens, PharmD, BCGP

Stefanie Toomey, PharmD

Santina Wheat, MD, MPH, FAAFP, AAHIVS

Absences Recorded:

Christopher Schriever, PharmD, MS, AAHIVP

HFS and UIC Staff Present:

Nerissa Caballes

Claudia Colombo

Melissa Davis

Jennifer DeWitt

Thomas Dorn

Brianna Hudak

Heather Freeman

Arvind Goyal

Mary Moody

Chintan Patel

Christina Petrykiw

Maurice Shaw

Michael Welton

- I. **Call to Order, Roll Call:** The meeting was conducted via WebEx webinar format in accordance with the Open Meetings Act.
 - A. Dr. Radhika Sreedhar called the meeting to order at 8:31 a.m.
- II. **Roll Call of Council Members:** Dr. Sreedhar 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. Sreedhar 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. Nikocecic and seconded by Dr. Stevens. Motion passed.
- IV. **Review and Approval of Meeting Minutes:** The minutes from January 30, 2025 were moved for approval by Dr. Nikocecic and seconded by Dr. Stevens. Motion passed.
- V. **Approval of Destruction of Recorded Meeting Records 18 months and older:** A motion to destroy recorded meeting records dating back to October 2023 was made by Dr. Stevens and seconded by Dr. Nikocecic. Motion passed.
- VI. **Board Updates:**
- A. None
- VII. **Retrospective DUR:** Review of adherence to HIV antiretroviral therapy. (Maurice Shaw, PharmD)
- A. Evaluated fee-for-service (FFS) participants over a 3-month period who received oral HIV maintenance therapies. Participants who received long-acting injectables, PEP, or PrEP were excluded. Medication adherence was assessed by determining if participants who filled a prescription consistently refilled their medication in the following months. Percent non-adherence ranged from 11.6-16.4%.
- B. Board recommendations:
1. Clarify the definition of “non-adherence.”
 2. Review the impact of HIV antiretroviral long-acting formulations on adherence.
 3. Motion to request the adherence rates of the HIV population in our Medicaid managed care organizations (MCOs) over a 12-month period to see if any trends in adherence can be identified was made by Dr. Kodiak and seconded by Dr. Toomey. Motion passed.
 4. Motion to research what initiatives have been done in other states to improve compliance and what services to improve compliance are covered was made by Dr. Nikocecic and seconded by Dr. Toomey. Motion passed.
- VIII. **Prospective DUR** (Christina Petrykiw, PharmD, CDCES)
- A. Concomitant opioid and antipsychotics. Illinois Fee-for-Service Medicaid currently has an informational safety edit in place for concomitant opioid and antipsychotic use within a 60-day period. Pertinent legislation reviewed (SUPPORT for Patients and Communities Act, 2018).
1. Concomitant opioid-antipsychotic use compared for calendar year 2024 (CY24) with the pre- and post-edit (SFY24) review from August 2024 as requested by the Board. Increase in concomitant use noted.
 - a. One-time and chronic concomitant use were compared based on participant age (adults and children) and Medicaid plan. Concomitant therapy reflected acute use (10 days or less) in pediatric and CILA/SLF participants. Duration of chronic concomitant therapy ranged from 200-365 days in the standard, LTC, and cancer plans.
 - b. One-time concomitant use was evident in 27% of participants. Chronic use of both classes (3 or more fills) was evident in 15% of participants. Chronic use of one of the medications and 1-2 uses of the other medication were evident in 32% of

participants. Fill patterns trending toward chronic use were evident in 26% of participants.

2. Motion to request data for concomitant opioids and antipsychotics for Illinois Medicaid MCOs at the end of CY25 was made by Dr. Sreedhar and seconded by Dr. Kodiak. Motion passed.
- B. Naloxone in participants filling concomitant opioids and antipsychotics.
1. The range of morphine milligram equivalents (MME) in participants filling concomitant opioid-antipsychotic therapy by Medicaid plan was reviewed. An MME greater than 50 occurred in the cancer, hospice, standard, and veteran plans. Forty-six participants exceeded 50 MME.
 2. Review of Medicaid pharmacy claims and Illinois Prescription Monitoring Program history showed that at least 57% of the participants filling opioids at ≥ 50 MME filled naloxone within the last 3 years. Although slow, progress is evident with naloxone prescribing.
 3. Board suggested Medicaid consider providing reimbursement to pharmacists for assessing for naloxone need and the increased counseling time. Alternatively, the dispensing fee for naloxone could be increased (tying reimbursement to the product National Drug Code (NDC)).

IX. Education (Claudia Colombo, PharmD)

- A. Post URL link for IDPH *Getting to Zero* webpage. <https://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/getting-zero.html>
- B. Motion to add the IDPH *Getting to Zero* link to the HFS DUR webpage was made by Dr. Sreedhar and seconded by Dr. Nikocecic. Motion passed.

X. Quarterly Reports (Maurice Shaw, PharmD)

- A. Top 25 utilization by script count (Rx only) FFS. No significant changes in drug order have been seen over the last 12 months.
- B. Ferrous sulfate utilization by FFS and MCO Plan (2024Q4). Board requested at the previous meeting to provide a Plan breakdown of participants receiving ferrous sulfate tablets. The review showed that a majority of the use was in the FFS and MCO Standard Plans in participants being seen in the outpatient setting, which is considered appropriate use.
- C. Paliperidone palmitate utilization (2024Q4). Board requested at the previous meeting a breakdown of which paliperidone dosage forms made up the majority of the spend. The review showed that the injectable form of paliperidone palmitate made up most of the spend, which was expected.

XI. Public Comments- No public comments made.

XII. Old/New Business, Announcements, Updates

- A. New/Old Business: Clonazepam/opioid prescriber update (Christina Petrykiw, PharmD, CDCES)
 1. Outreach was conducted from December 2024 through March 2025 by telephone and/or fax regarding 25 FFS and 4 Medicare/Medicaid participants filling concomitant opioid and clonazepam therapy who did not have naloxone filled in the past 2 years. Topic was originally presented at the 1/30/2025 DUR Board meeting. Update provided on numbers of outreach calls and faxes to prescribers and pharmacies as well as faxback responses received.
 2. Pre- and post-intervention naloxone utilization was presented. Outcomes: naloxone was prescribed, will be discussed at the next participant visit, or will be provided by the clinic. In several cases, the next visit date has passed, and naloxone fills are still not evident. One patient refused naloxone at the pharmacy. One patient will be tapered off clonazepam. One pharmacist requested additional education about naloxone and opioid alternatives.

B. Announcements (Claudia Colombo, PharmD)

1. Relevant Provider Notices released from HFS were presented to the Board.
2. American Drug Utilization Review Society (ADURS) 2025 Symposium. A summary of various topics presented at the 2025 ADURS symposium that were of interest to the Illinois DUR workgroup was presented to the Board.
3. Board noted that guideline-directed medical therapy (GDMT) for heart failure was of interest.

C. Department update: None

XIII. **Adjournment:** Meeting was adjourned at 10:05 a.m.

- A. Motion to adjourn the meeting made by Dr. Stevens and seconded by Dr. Nikocecic. The motion was passed.
- B. Next meeting is scheduled for July 31, 2025, 8:30 a.m. – 10:30 a.m.

Approved by the DUR Advisory Board on July 31, 2025.