

JB Pritzker, Governor
Theresa A. Eagleson, Director

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Illinois Drug Utilization Review Board Meeting Minutes January 26, 2023

I. Call to Order, Roll Call

- a. Call to order
 - i. Dr. Schriever called the meeting to order at 8:33am.
 - ii. Meeting is being conducted via a Webex webinar format.
 - iii. Jen Dewitt made the announcement that the meeting was being recorded in accordance with the Open Meetings Act and that public comments will be made later in the meeting and any guests wishing to speak please type name, affiliation, and that you would like to speak in the Webex chat. Five minutes will be allotted to each guest to speak.
- b. Roll call
 - i. Roll call was taken, and a quorum was established.

II. Agenda, conflict of interest review, and approval of November 17, 2022 meeting minutes

- a. November 17, 2022 meeting minutes- No changes or additions. Motion to approve made by Dr. An, seconded by Dr. Nikocevic. Minutes approved.
- b. No changes to the January 26, 2023 agenda were requested.

III. Fee-for-Service (FFS) Quarterly Reports (2022Q4) – presented by Dr. Maurice Shaw, PharmD

- a. Top 10 Drugs by Spend
 - i. Discussion
 - 1. Dr. An asked about drug movement from quarter to quarter and if in future meetings, could we please present if the drug's spending has moved up or down from the previous quarter. Dr. Shaw stated that this would be possible.
- b. Top 10 Drugs by Script Count
 - i. Discussion
 - 1. Dr. An and Dr. Nikocevic requested that in future meetings, the top 10 prescription drugs and the top 10 over-the-counter drugs be presented separately.
 - 2. Dr. An asked if a breakdown by dosage form (i.e., albuterol nebulization solution, multi-dose inhaler, tablets) could be included in future meetings. Dr. Shaw and Jen Dewitt stated that this could be done.
- c. Top 10 Drugs by Disease State: Diabetes
- d. Top 10 Drugs by Script Disease State: Hypertension
 - i. Discussion (for both c and d)
 - 1. Dr. An would like to see which drugs for each disease state had the highest financial cost to the Medicaid program.
 - 2. Dr. An would like to see a top 10 breakdown for drugs used in mental health. Suggested depression.
 - 3. Dr. Nikocevic asked if it would be possible to match a diagnosis code from the prescribing physician to the drug used.
 - Dr. Goyal mentioned that these numbers are from FFS which is less than 20% of our Illinois Medicaid population. He would like to see both the Medicaid FFS and MCO data next time.



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- e. Prior Authorization (PA) Approvals and Denials
 - i. PA detail
 - 1. Approvals= 33.1%, clinical denials= 33.6%, administrative denials= 33.3%
 - ii. Discussion
 - Request to please provide the Illinois Medicaid Preferred Drug List link: https://www2.illinois.gov/hfs/MedicalProviders/Pharmacy/preferred/Pages/default.aspx

Then click on the "Medicaid Preferred Drug List" for the pdf.

- 2. Link to search a specific drug: https://ilpriorauth.com
- Request to provide link to Illinois Medicaid MCOs: https://www2.illinois.gov/hfs/MedicalProviders/cc/Pages/defaultnew.aspx

 From the menu, click on "Contact Information for Health Plans." This will take you to a pdf with links to individual MCO websites.
- f. Clinical Denial Reasons
 - i. Clinical denials
 - 1. Other equally effective therapy without PA= 29%, other preferred alternatives= 3%, insufficient medical justification= 50%, other equally effective therapies available without PA= 4%, request denied= 7%, other denials= 7%
 - ii. Discussion
 - 1. Dr. Sreedhar inquired if it was possible to breakdown denials into drug classes and see what has the most denials and why. Donna Clay said that pharmacists processing the PAs can free text in information about the prior authorizations, but this information is not searchable.
 - Drs. Goyal and Sreedhar want to focus on how long it takes for PA to be approved/denied.
- IV. Retrospective DUR presented by Christina Petrykiw, PharmD, CDCES
 - a. Background
 - i. 2022 study that reviewed Medicaid PDLs from 2011 to 2018 showed that Illinois has the 7th highest number of oral albuterol claims.
 - ii. Current preferred albuterol products on Illinois' PDL: multi-dose inhaler, nebulization solution, and oral syrup.
 - iii. Current non-preferred albuterol products- tablets, 2mg and 4mg
 - b. Utilization
 - i. UIC staff reviewed a sample of patients involving 51 prescribers.
 - ii. Three groups of diagnoses were seen: respiratory illnesses, asthma/asthmatic symptoms, and patients with spinal muscular atrophy and sleep apnea.
 - iii. Bronchiolitis evidence-based practice
 - c. Guidelines
 - Current guidelines for the treatment of bronchiolitis, asthma, wheezing, and spinal muscular atrophy were reviewed. Use of oral albuterol is not recommended for the treatment of bronchiolitis or asthma/wheezing. Data in patients with spinal muscular atrophy is limited but shows some efficacy.
 - d. Recommendations
 - i. Request Drugs and Therapeutics Committee reassess Preferred Drug List status for oral albuterol syrup.



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e. Discussion

- i. Dr. Nikocevic proposed giving prescriber education first before making it a Step 11.
- ii. Dr. Schriever made a motion to revisit in 6 months. Until then, provide provider education to evaluate if that makes a difference in that period. Seconded by Dr. Nikocevic.
- iii. Vote: In favor- 4 / Against- 0 / Abstentions- 0
- iv. Motion passes.

V. **Prospective DUR** – Jen Dewitt, BSPharm

- a. Refill Too Soon (RTS) Policy
 - i. Medicaid FFS
 - 1. Thresholds are drug specific. Threshold is 90% for controlled drugs; 85% for non-control drugs
 - 2. Carry-over days allowed= 5 days
 - 3. Allow use of Submission clarification code (SCC)= 5 on claim
 - 4. Of note, during the current public health emergency, RTS tolerance has been lowered to accommodate patients who need early fills. 75% for C-II drugs, 65% other controlled and non-controlled drugs.
 - ii. Medicaid MCO
 - 1. MCO RTS average threshold approximately 75 to 90% for non-control drugs; 75 to 90% for controlled drugs
 - 2. Carry over days vary among MCOs based on their threshold
 - 3. Two of six MCOs allow SCC= 5 or other code on claim
 - iii. Recommendation
 - 1. Recommend no change in RTS policy.
 - iv. Discussion
 - 1. Inquire with MCOs if they have the ability to conform to a uniform tolerance.
 - 2. No changes recommended by the DUR Board. No vote taken.

b. 72-hour Emergency Prior Authorization Policy Review

- i. Medicaid FFS
 - 1. Only applies to covered drugs for eligible patients during non-business hours (evenings, weekends, and state holidays) when staff are not available to process prior approval request.
 - 2. Pharmacy must submit a separate prior approval request for the emergency supply of the drug.
- ii. Medicaid FFS Pharmacy System Capability
 - 1. Allows pharmacy to submit override codes on the claim.
 - 2. Limits claims to 3 days.
 - 3. Overrides are limited to one fill per unique drug per participant, per month.
 - 4. Allows exclusion of specific drugs or drug classes.
 - 5. Override bypasses non-preferred status only; other edits supply.
- iii. Medicaid MCO
 - 1. Five of the six MCOs responded having a 72-hour emergency fill PA policy.
- iv. Recommendation
 - 1. No change in 72-hour emergency fill PA policy
 - 2. Allow 72-hour emergency PA override by the pharmacist on the claim and create a list of medications to be excluded from the 72-hour emergency prior authorization.



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v. Discussion

- 1. Dr. Nikocevic asked about the possibility of extending the 72-hour period to 5 calendar days, due to the possibility that if a holiday falls after a weekend the patient might not have enough supply to last until the PA gets approved.
- 2. Dr. Petrykiw mentioned that we need to investigate if CMS has requirements about the time frame. Jen Dewitt mentioned that the policy for emergency REFILLS is for 72 hours (per the Pharmacy Practice Act).
- 3. Dr. Sreedhar said that if we eventually decide to allow a pharmacist to put in a 72-hour PA override, we should not restrict any medications with the exception of controlled drugs.
- 4. Dr. Goyal said that the variation between MCOs is an issue. We need to take this back to the MCOs and see if a more uniform approach can be taken. Proposed doing this, then putting the 72-hour emergency PA policy back on the agenda for the April meeting.
- 5. No vote was taken on the 72-hour emergency PA policy today. BPAS will investigate further and will readdress at the April 27, 2023 DUR Board Meeting.

VI. Public Comments

- a. Dr. Schriever reminded everyone that topics discussed should be related to agenda items only and each person will have 5 minutes to speak.
- b. Speaker 1- David Porter, Senior Vice President, Health Policy Research and Advocacy with the Illinois State Medical Society
- c. Speaker 2- Daniel Blaney-Koen, Senior Legislative Attorney with the American Medical Association

VII. Updates

- a. Initial script edit for benzodiazepines and opioids begins February 1, 2023 for FFS and MCO. Provider notice has already gone out.
- b. Smoking cessation edit removals- waiting for HFS Director's approval.

VIII. Announcements

- a. Drug Utilization Review Annual Report available on website.

 https://www.medicaid.gov/medicaid/prescription-drugs/drug-utilization-review/drug-utilization-review/drug-utilization-review-annual-report/index.html
- b. American Drug Utilization Review Society (ADURS) Symposium is February 23 to February 25, 2023.

IX. Future Agenda Items

- a. DUR Board Meeting Discussion Topics
 - i. April and July- to be decided.
 - ii. October- Hemophilia
 - iii. Board member suggestions- initial script rereview, 7/27/2023 meeting

X. Adjournment

- a. Dr. Schriever moved to adjourn the meeting at 10:15am.
- b. Next DUR Board Meeting- Thursday, April 27, 2023



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Meeting Attendance

DUR Board Members

Christopher Schriever, PharmD, MS, AAHIVP, Chair Radhika Sreedhar, MD, MS, FACP, Vice-Chair Aneet Ahluwalia, MD Sam An, PharmD Bedrija Nikocevic, PharmD, BCACP Erica Stevens, PharmD, BCGP

HFS Staff/Panelists

Donna Clay, BSPharm, Prior Authorization Services - UIC Claudia Colombo, PharmD – UIC Springfield Jen Dewitt, BSPharm – UIC Springfield Sheri Dolan, BSPharm – UIC Springfield Heather Freeman - BPAS Arvind Goyal, MD, MPH, MBA - Medical Director, HFS Jose Jimenez, Bureau Chief - BPAS Mary Moody, BSPharm - UIC Christina Petrykiw, PharmD, CDCES - UIC Maurice Shaw, PharmD – UIC Springfield Lori Uildriks, PharmD, BCPS - UIC

Guests/Attendees

Nikki Asse

Robert Baldridge

Daniel Blaney-Koen

John Bullard

Derek Bush

Kelly Hamilton

Jann Ingmire

Jeff Knappen

Phil Lohec

John Maszinski

Gene McCarty

Dana Monz

Neelesh Nadkami

Gary Parenteau

Cindy Pennington

Heather Pezewski

David Porter

Scott Reimers

Kenneth Ring

Michele Shirley

Irina Smith

Jen Tamburo

Brooke Wilkins

Shauna Williams