



**HFS**

Illinois Department of  
Healthcare and Family Services

JB Pritzker, Governor  
Theresa A. Eagleton, Director

201 South Grand Avenue East, Springfield, Illinois  
Telephone: +1 217-782-1200, TTY: +1 800-526-5812



**Illinois Drug Utilization Review Board  
Meeting Summary  
November 17, 2022**

**I. Call to order, roll call**

- A. Christina Petrykiw, PharmD, noted that the meeting will be recorded in accordance with adjustments to Open Meeting Act. Guests wishing to speak at the end of the meeting were asked to type their name, affiliation, and that they would like to speak in the WebEx chat. Speakers will speak in the order listed.
- B. Dr. Schriever called the meeting to order at 8:37am and verified that enough members were present for a quorum. Dr. Schriever verified the presence of each board member.

**II. Agenda, conflict of interest review, and approval of May 19, 2022, and September 15, 2022 meeting minutes/cancellation.**

- A. May 19, 2022 meeting minutes- No changes or additions. Motion to approve made by Dr. Sreedhar, seconded by Dr. An.
- B. September 15, 2022, meeting was cancelled due to lack of a quorum. Agenda and notes from that meeting posted. Motion to approve made by Dr. Sreedhar, seconded by Dr. An.
- C. No changes to the November 17, 2022, agenda were requested. No DUR Board members had conflicts of interest pertinent to the agenda. Dr. Schriever reminded DUR Board members to recuse themselves from discussion if conflicts of interest are present and to provide an updated *Conflict of Interest* form if new conflicts arise.

**III. Announcements/updates**

- A. Illinois 2022 Legislation
  - 1. Controlled Substance- Prescribe amendment (PA 102-1040 [SB 2535]), effective January 2023
    - a. Illinois Controlled Substance Act amended
    - b. Pharmacy Practice Act amended (Sec. 19.1 Dispensing opioid antagonists)
  - 2. Insurance- Naloxone No co-pay amendment (PA 102-1038), effective January 2024.
  - 3. Mary Moody, BSPHarm, stated that it is required that prescribers document that they offered for an opioid antagonist and that the patient was educated about the addictive potential of opioids.
  - 4. IL State Medical Society and UIC College of Pharmacy created a CME program that is available on the state medical society website that reviews this law as it relates to practitioners and goes through scenarios of how to present this information to patients.
  - 5. Dr. Nikocecic requested that the link to the CME be shared.  
<https://www.isms.org/cme/cme/about-education>

- B. HFS Initial Days Supply Edits: Status Update
  - 1. Opioids: 5-day initial fill, benzodiazepines: 14-day initial-fill, will apply to FFS and Managed Care Medicaid, effective date is pending.
  - 2. Motion made to add cancer and sickle cell to opioid initial fill exceptions. Motion made by Dr. Nikocecic, seconded by Dr. Sreedhar. No dissensions. Motion approved unanimously.

#### IV. **DUR Board**

- A. Dr. Schriever will remain as DUR Chairperson and Dr. Sreedhar will remain as DUR Vice-Chairperson.  
Motion to approve made by Dr. An, seconded by Dr. Nikocecic. No dissensions, Motion approved.
- B. Training: Per Christina Petrykiw, PharmD, all board members have completed all 5 trainings.
- C. Calendar Year 2023
  - 1. Meeting will be switched to a schedule of January, April, July, and October to coincide with months of D & T meetings.
  - 2. Meetings will be switched to the last Thursday of the month.
  - 3. Meeting time will remain from 8:30am – 10:30am.
  - 4. Motion to approve meeting dates and time. Motion made by Dr. Schriever, seconded by Dr. Nikocecic. No dissensions, Motion approved unanimously.
  - 5. Calendar will be posted on the DUR Board webpage by the beginning of the calendar year which complies with the Open Meetings Act requirement.
  - 6. Calendar year 2023 meetings to continue via WebEx. Motion to approve WebEx<sub>7</sub> was made by Dr. Nikocecic, seconded by Dr. Schriever. No dissensions. Motion approved.

Vote: In Favor 4 / Against 0 / Abstentions 0

#### V. **Prospective DUR**

- A. Smoking Cessation Therapy
  - 1. Christina Petrykiw, PharmD and Karly Nesnidal, PharmD presented a summary of current guidelines for the treatment of nicotine dependence.
  - 2. Optimal therapy for smoking cessation
    - a. Gold standard- pharmacotherapy with behavioral therapy/support
    - b. Pharmacotherapy first line- Varenicline or combination nicotine replacement therapy (patch with either lozenge, gum, inhaler, or spray) or varenicline with nicotine patch)
    - c. Extended duration of therapy (> 12 weeks) sometimes needed for complete smoking cessation.
  - 3. Current edits for smoking cessation therapy:
    - a. Nicotine replacement therapy
      - i. Nicotine patch, nasal spray, inhaler, gum, and lozenge may be used simultaneously.
      - ii. Duplicate therapy edits reject for multiple strengths of the same dosage form.
      - iii. Therapy edits reject for patch, nasal spray, inhaler, gum, and lozenges use in combination with varenicline.
      - iv. Duration of therapy edit: 90 continuous days of treatment/365 days.
    - b. Varenicline
      - i. Duration of therapy edit: 180 continuous days (~25.7 weeks) of treatment/365 days.

- ii. Therapy edits reject for varenicline use in combination with nicotine patch, nasal spray, inhaler, and lozenges.

Vote to remove edits and duration of nicotine replacement therapy. Motion made by Dr. Nikocecic, seconded by Dr. An. No dissentions. Motion passes.

## **VI. DUR Annual Report**

- A. October 2020 through September 2021
- B. Medications in top 10 list of claims by volume from all 7 Illinois Medicaid plans (FFS and 6 MCOs) were: albuterol, atorvastatin, ergocalciferol, gabapentin, metformin, and hydrocodone/acetaminophen.
- C. Discussion
  1. Consider reviewing albuterol use in the future.

## **VII. Retrospective DUR**

- A. Naloxone Prescriber Outreach
  1. Check for naloxone fills via HFS pharmacy claims and IL PMP.
  2. Call prescriber and fax letter. If naloxone not filled in 1 week, recall prescriber and resend fax. One week after 2<sup>nd</sup> call, if naloxone is not filled, call pharmacy to request evaluation and implementation of standing order. One week after pharmacy request, check if naloxone filled.
  3. In 6 months, reevaluate if naloxone was filled.
  4. Remind prescribers annually to discuss opioid harms and naloxone use.
  5. Next Steps
    - a. Target other opioid overdose risk groups recommended by SUPPORT Act/CMS guideline.
    - b. Provide annual update.
- B. Antidiabetic Medications Type 2 Diabetes Mellitus (T2DM) Comorbidities
  1. Reviewed patients with T2DM and/or ASCVD, HF, and CKD that could benefit from a SGLT2i or a GLP-1RA according to guideline recommendations. Once patients are identified, prescriber outreach is conducted to recommend drug therapy.
  2. Prescriber outreach
    - a. Address guideline recommendations for SGLT2i, GLP1-RA
    - b. Incorporate adherence with therapy that should be present
      - i. ASCVD: Statins, aspirin
      - ii. Diabetes: Metformin, other diabetes medications
      - iii. CKD: ACE inhibitor or ARB
      - iv. HF: diuretic, beta-blocker, ARNI or ACE inhibitor or ARB, mineralocorticoid receptor antagonist
      - v. Review past trials of SGLT2i or GLP1-RA and contraindications.
      - vi. Laboratory parameters: renal function (GFR, albuminuria), glycemic control (A1c), Framingham risk score for ASCVD, lipids
  3. Discussion- none

## **VIII. Education**

- A. FDA warning about gabapentin and opioid use

1. Augmented gabapentin plus an opioid combination can cause an increased risk of respiratory depression.
- B. Smoking cessation guidelines
- C. CDC practice guidelines for prescribing opioids for pain
- D. Education Targeting Pharmacists
  1. Naloxone: A call to action
    - a. IPhA Annual Meeting, 9/2022
    - b. Overview of naloxone-related legislation
    - c. Address role and evidence related to naloxone standing order use
    - d. Resources to evaluate community naloxone need
    - e. Encourage use of naloxone and naloxone standing order

**IX. Future agenda items**

- A. Asthma
- B. Educational materials for smoking cessation
- C. Dr. Schriever sees many HIV patients in his clinic and mentioned that more advertising is being done for injectable medications for HIV. He would like to see a review/evaluation of HIV therapies and how they are reflected in the guidelines to date.
- D. Possible collaboration with Illinois Medicaid MCOs in the future.

**X. Public comments**

- A. None

**XI. Adjournment**

- A. Dr. Schriever moved to adjourn the meeting at 10:06am.
- B. Next DUR meeting will on January 26, 2023.

## Meeting Attendance

### Committee members

Christopher Schriever, PharmD, MS, AAHIVP, Chair  
Radhika Sreedhar, MD, MS, FACP, Vice-chair  
Aneet Ahluwalia, MD  
Sam An, PharmD  
Bedrija Nikocecic, PharmD, BCACP  
Erica Stevens Pharm.D., BCGP

### HFS Staff/Panelists

Donna Clay, BSPHarm, Prior Authorization Services - UIC  
Claudia Colombo, PharmD - BPAS  
Jen Dewitt, BSPHarm - BPAS  
Sheri Dolan, BSPHarm - BPAS  
Arvind K. Goyal, MD, MPH, MBA - Medical Director - HFS  
Jose Jimenez, Bureau Chief - BPAS  
Mary Moody, BSPHarm - UIC  
Karly Nesnidal, PharmD - UIC  
Christina Petrykiw, PharmD, CDCES - UIC  
Jonathan Samardzich, PharmD - UIC  
Maurice Shaw, PharmD - BPAS  
Lori Uildriks, PharmD - UIC

### Guests/Attendees

Leann Dolan  
Thomas Vayalil  
Melissa Davis  
Mary Kaneaster  
Thomas Erickson  
William Dozier  
Gene McCarty  
Tammy Bima  
Jenny Carrell  
Sandra Washington  
Brooke Wilkins  
Karen Finn  
Dan Murphy  
Jessica Coffee  
Sara Gao