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KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
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MINUTES OF MEETING
Med-QUEST Drug Use Review (DUR) Board

Date: Wednesday, August 12, 2026

Time: 12:00 P.M. (Noon)

Remote Meeting Location:

<https://events.gcc.teams.microsoft.com/event/61990eac-11d3-490d-99d9-475433cd67c1@3847dec6-63b2-43f9-a6d0-58a40aaa1a10>

In-Person Location:

Kakuhihewa Building Conference Rooms 511A 601 Kamokila Blvd., Kapolei, Hawaii 96707

Members Present:

Dr. James Lumeng, Chair, Physician
Miki Lei Morita, Vice-Chair, Pharmacist
Wendell Au, Pharmacist
Kelsey Kong Trujillo, Pharmacist
Dr. Curtis Toma, Physician
Denise Oshiro, Pharmacist
Corey Okuno, Medical Services Representative

Members Absent:

Dr. Greg Yuen, Physician

Staff present:

Erin Gomez, Clinical Standards Office (CSO) Administrative Assistant
Logan Lucero, CSO Office Assistant
Denise Oshiro, CSO DUR Coordinator Pharmacist
Dr. Curtis Toma, Medical Director

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Public Guests: Gary Peyton (Conduent), Lynette Honbo (Conduent), Lori Howart (Bayer), Sergio Gomez (Concis Labs), Matthew Christopher Sheffield (Ascendis Pharma), Jenna Doerr (Artia Solutions), Teresa Araiza (Abbott Diabetes Care), Angela Adinamis (Otsuka Pharmaceuticals), Lindsay Buck (Biogen), Lynda Finch (Biogen), and Kimi Gabbard (USAHS University).

- I. Chair Lumeng called the meeting to order at 12:00 pm. Board coordinator Denise Oshiro proceeded with roll call of the DUR Board Members. Each board member attended virtually except Denise Oshiro and Dr. Toma, who were present in the meeting room. Guest of the DUR Board present and declared alone: Gary Peton, Pharmacist, Conduent Government Healthcare. Quorum was established with 7 members present.
- II. The May 13, 2026, meeting minutes were reviewed by the Board. There was no public testimony. Dr. Toma motioned to approve the minutes. Corey Okuno seconded the motion. With no opposition and abstentions, May 13, 2026, minutes were accepted and approved.
- III. Old Business (Updates) by Denise Oshiro
 - A. Board member extensions of terms approved
Board members Dr. James Lumeng, Dr. Greg Yuen, Pharmacist Wendell Au requested and received an extension for an additional 3-year term from the DHS Director. Board member, Pharmacist Miki Morita requested and received an extension for an additional 1-year term. Pharmacist Reed Muraoka did not request to extend, and his service with the Board has ended. There is currently 1 vacant pharmacist board member position. We would like to seek the representation of a neighbor island community pharmacist. Recommendations may be emailed to the Med-QUEST Division (MQD) DUR board email address on page 3 of the agenda. There was no public or board testimony.
 - B. Update on DUR Board member bylaws with practicing dentist member
At the May 13, 2026, meeting the board voted and approved to change the DUR Board bylaws to now include 1 person actively practicing dentistry in the state. The head of the MQD policy office needs to formally update the bylaws before a dentist joins the board. Recommendations for a dentist member may be emailed to the DUR Board email address on page 3 of the agenda. There was no public or board testimony.
 - C. U.S. Centers for Medicare and Medicaid (CMS) Annual DUR Survey
 1. Prescription Drug Monitoring Program (PDMP) updates
Under the Federal SUPPORT Act, section 1004, it is a requirement for Medicaid providers to check the PDMP site before prescribing a controlled substance for a Medicaid member. MQD and the managed care plans do not have access to the PDMP site to audit providers. MQD does not have jurisdiction over pharmacies or pharmacists to ensure PDMP is checked before filling a prescription, and state law was repealed in 2023, so currently there is no state requirement for any providers or pharmacists to check the PDMP. Yet federally, CMS has required each managed care plan as well as Fee-For-Service (FFS) to

annually furnish the percentage of providers who check the PDMP before prescribing controlled substances. Each year this information is due to CMS by June 30, but this year we have yet to receive the data extract from our contracted partners and Narcotics Enforcement Division. It costs the state \$10,000 each year for the data extract, even though it's now months late. MQD will continue to push legislation to allow MQD and health plans access to the PDMP. In Hawaii, the best approximation has been approximately 30% of providers checking the PDMP site before prescribing a controlled substance, but it's likely much lower. The bottom line is that the safety of our Medicaid members is at stake. Perhaps requiring attestation forms when providers renew their contracts with the health plans and MQD may be a way to improve this percentage. No public or Board testimony given.

2. Retrospective DUR program

CMS requires automated retrospective DUR as part of a state's DUR program if pharmacy benefits are offered. This includes for both managed care plans and FFS, and requires automated lookbacks on important issues such as fraud, waste, and abuse (FWA), concurrent use of opioids plus benzodiazepines or antipsychotics, and monitoring antipsychotic usage in children, and individuals over the age of 18 receiving home and community-based services and receiving services in institutional care settings. The managed care plans are trying to figure out how to monitor areas where claims are not being billed through the pharmacy benefit. The FFS contract has not previously required automated retrospective DUR, with the reason given that the FFS program is small and only includes predominantly acute dental care claims and organ and tissue transplant claims. However, since CMS requires an automated retrospective DUR program for all FFS and managed care health plans, the FFS pharmacy benefits administrator is looking into building automated retrospective DUR into the FFS program. In addition, the FFS DUR Board is comprised of physicians, pharmacists, a pharmaceutical representative, and soon to be dentist. The Board coordinator is looking for collaboration amongst the Board members on what the expectations should be for the retrospective DUR program. No public or Board testimony given.

D. Dental program

1a. Update on controlled substance prescriber outlier dentist

Regarding previous discussion on a dentist outlier in narcotic prescribing, this dentist continues to be an outlier with 31% of all controlled substance claims from January through July 2026. MQD dentist, along with MQD Medical Director and Board member Dr. Toma, and MQD DUR Board coordinator drafted a letter calling out the volume of narcotic prescriptions as well as best practice guidelines from CMS for prescribing opioids. The letter was signed by Dr. Toma and was recently mailed to the provider. MQD will continue to monitor FFS controlled substance prescriptions monthly. Dr. Toma added that several years ago, there was a similar

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instance of an outlier prescriber of controlled substances, and after a letter was issued, the controlled substance claims dropped significantly.

- 2a. It has been many months of trying to set up a meeting with MFCU (Medicaid Fraud Control Unit) for overall guidance on outlier prescribing in general and guidance on the standard operational procedures in these cases when there is a concern for patient safety. The Board will be updated when a meeting occurs with MFCU or MQD's internal fraud department. No public or Board testimony given.

E. State of Hawaii Organ and Tissue Transplant program ; expensive drug claim review (by Gary Peton)

There were 60 claims from April through June of 2026 that were greater than \$1,000, reviewed for correct billing quantity, billing units, and trends. This quarter's monitoring does not raise any flags on usage or misbilling. Gary explained billing such as the use of National Average Drug Acquisition Cost (NADAC) pricing which helps lower costs to the State, versus using previous Wholesale Acquisition Cost (WAC) or Federal Upper Limit (FUL) pricing. Dr. Toma asked if rebates were captured for Physician Administered Drugs (PADs), regardless of whether they are billed under the pharmacy or medical side. Gary responded that rebates are captured if the drug doesn't fall into a category such as 340B where rebates aren't allowed. No further public or Board testimony was given.

IV. New Business by Denise Oshiro

A. Educational outreach – Quarterly FFS provider bulletin

The DUR program requires educational outreach as a CMS requirement. The FFS pharmacy benefits administrator (Conduent) releases a quarterly bulletin that placed on the MQD website, and is mailed to approximately 4,000 FFS providers, including pharmacies. The bulletin will soon be emailed to the providers in addition to being mailed, with the intent of capturing a wider audience. The FFS bulletin is a good platform to share educational resources and reminders. During the next four quarters MQD will post educational resources to the bulletin such as 1) pain management prescribing considerations [CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 | MMWR](#) , [Acute Dental Pain Management Guideline | American Dental Association](#) ; 2) safe opioid prescribing practices, including iteration that under the Federal SUPPORT Act (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act), Medicaid providers must check, before prescribing a controlled substance, the prescription history of a Medicaid beneficiary in the Hawaii PDMP (AKA HI PMP AWAReX) <https://hawaii.pmpaware.net> , https://stacks.cdc.gov/view/cdc/38481/cdc_38481_DS1.pdf , [CDC Updated 2022 Morphine Milligram Equivalents Calculator - GlobalRPH](#) ; 3) Naloxone nasal education and accessibility <https://www.hhhrc.org> ; and 4) safe disposal of unwanted medications <https://manoa.hawaii.edu/c3od2a/take-back/> , <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know> . No public or Board testimony was given.

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B. Hepatitis C treatment guidelines and health plan requirements

It's estimated that 3.9 million adults are living with chronic HCV (Hepatitis C virus) in the US. Half of those individuals don't know they have HCV, and approximately 20 percent of these individuals may develop liver cancer over time and are also at higher risk of developing other cancers. Decades ago, treatment included interferon injections with low efficacy and high side effect and toxicity profile, a high discontinuation rate, and was extremely expensive for treatment. Today best practice guidelines from the joint American Association for the Study of Liver Diseases, and Infectious Disease Society of America (AASLD-IDSA) are followed, where typically consists of 8-12 weeks of an oral DAA (direct acting antiviral) regimen, with cure rates of 95 percent or greater, with a much lower rate of discontinuation, and much lower cost to treat. In December 2022, MQD issued a memo regarding HCV treatment in accordance with FDA-approved and AASLD-IDSA guidelines, there will be no prior authorization by the health plans when providers adhere to the AASLD-IDSA best practice guidelines. Since 2022, MQD has continued to collaborate with the Department of Health and the Hawaii Health and Harm Reduction Center to decrease barriers to Hep C treatment. Some of the goals include increasing the amount of primary care physicians educated and comfortable with providing HCV treatment along with specialists, increasing HCV testing, especially in rural areas without nearby lab sites, and making HCV medications readily accessible for those who need to start or continue treatment. Dr. Lumeng commented that it seems HCV numbers are dropping each year, in actuality the rapid increase has stopped, and overall numbers have plateaued. The Board coordinator commented that this may be for various reasons, including better accessibility to treatment for those that seek treatment. Dr. Toma added that as MQD has loosened restrictions for treatment, the amount of patients/demand for treatment has decreased. Dr. Toma also mentioned that in the past one Med-QUEST health plan had been more restrictive in coverage than the rest, but now that health plan recently added on a second DAA. No other testimony from the public or Board was given.

C. Potential effects on utilization management from H.R.1 Act community engagement requirements

Dr. Toma gave a high-level summary of changes that Federal H.R.1 will bring, since providers and pharmacies may be affected as changes occur for certain Medicaid groups. Groups not affected are children, parents of children, pregnant, disabled, and elderly adults. The group that will be affected is the adult group, also known as the expansion group, or childless adult group. This group will be subject to new work requirements, also known as community engagement requirements, starting January 1, 2027. Those adults that do not fulfill the requirements will fall off Medicaid when they renew. MQD now has provider group in-services on the changes and MQD would also like to start reaching out to pharmacist groups since providers and pharmacists may be the first to encounter patients who have been terminated from Medicaid and are not aware. The Board coordinator added that

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the population numbers potentially affected could be around 30,000 who may lose coverage unless they can attest that they meet the requirements. On the medquest.hawaii.gov homepage, there is a banner with H.R.1 information and updates, or anyone can call 1-800-316-8005 for information. Board member Corey Okuno asked if the members would be notified that their coverage could end in January? Board coordinator answered Yes, they will be notified by MQD, and Dr. Toma added that notification mailers will be sent two months before the member's renewal date, but MQD may not always reach the member, due to inaccurate address or missed mail, which is why proactive communication with providers and pharmacies will be valuable. No further testimony from the public or Board received.

V. Public Testimony

A. Chair Lumeng asked for any public testimony; there was none from the public.

VI. Adjourn

A. Dr. Toma motioned to adjourn the meeting. With no abstention, motion was carried, and meeting adjourned by Chair Lumeng at 12:42pm. Next meeting will be held on Wednesday, November 18, 2026.