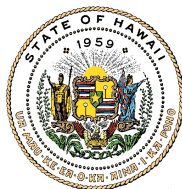


JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



JOSEPH CAMPOS II
ACTING DIRECTOR
LUNA HO'OKELE KŪIKAWĀ

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

MINUTES OF MEETING
Med-QUEST Drug Use Review (DUR) Board

Date: Wednesday, May 13, 2026

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

Remote Meeting Location: Teams Meeting participation for members and the public:

<https://events.gcc.teams.microsoft.com/event/5dfd6dd7-a838-4761-b97e-650b1a489f6a@3847dec6-63b2-43f9-a6d0-58a40aaa1a10>

In-Person Location:

Kakuhihewa Building Conference Rooms 577A and 577B 601 Kamokila Blvd., Kapolei, Hawaii
96707

Members Present:

Dr. James Lumeng, Chair, Physician
Miki Lei Morita, Pharmacist
Kelsey Kong Trujillo, Pharmacist
Dr. Curtis Toma, Physician
Dr. Greg Yuen, Physician
Denise Oshiro, Pharmacist
Corey Okuno, Medical Service Representative

Members Absent:

Wendell Au, Vice-Chair, Pharmacist
Reed Muraoka, Pharmacist

Staff present:

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

Ranjani Starr, CSO Administrator
Loren Halog, Hele Imua Intern
Alfred Herrera, Business Tech Analyst (HAO)
Mike Mau, Systems Office (SO) Information Technology Specialist

Public Guests: Gary Peton (Conduent), Lynette Honbo (Conduent), Herbert Starr (Acadia), Matt Scheffield (Ascendis Pharma), Lori Howarth (Bayer), Ryan Cotton (Genetech), Lee Stout (Chiesi), Miranda Ryzenman (Artia Solutions), and Sergio Mayorga (Concis Labs).

- I. Chair Lumeng called the meeting to order at 12:02pm. Denise Oshiro proceeded with a call of the DUR Board Members. The board members were informed to declare if they were not alone. Each board member declared they were alone except Denise Oshiro, Dr. Toma, and Corey Okuno, who were present in the meeting room. Other guests of the DUR Board present and declared alone: Gary Peton, Conduent Government Healthcare, Pharmacist and Dr. Lynette Honbo, Conduent Government Healthcare, Medical Consultant. Quorum was established with six members present. New DUR Board Member Corey Okuno was presented, and shared additional personal background during his introduction.
- II. The February 11, 2026, meeting minutes were reviewed by the Board. There was no public testimony. With no opposition and abstentions, the February 11, 2026, minutes were accepted and approved.
- III. Old Business (Updates) by Denise Oshiro
 - A. Reminder for current board members to give notification of interest to extend their term for up to three years. Med-QUEST Division (MQD) needs to submit their request for approval.
 - B. (Board member Miki Morita entered the meeting.) The Federal Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment Act (SUPPORT Act), Section 5042, implemented on October 1, 2021, requires Medicaid providers to check the Prescription Drug Monitoring Program (PDMP) site for members' prescription drug history before prescribing controlled substances. Each year, MQD must report to U.S. Centers for Medicare and Medicaid (CMS) in an Annual Survey, the percentage of providers who checked PDMP before prescribing a controlled substance. The issue still remains where MQD is not authorized by Hawaii law to query the PDMP to audit for compliance with this SUPPORT Act requirement. Since Federal Fiscal Year (FFY) 2023, MQD has worked in conjunction with Narcotics Enforcement Division (NED) to obtain the most accurate percentage, without releasing protected health information in the methodology. In 2027, MQD will continue to seek legislative approval to allow the state to query the PDMP. Until then, MQD is considering self-attestation surveys when providers renew their contract with the five Managed Care Organizations (MCOs) every 3 years, and with MQD every 5 years. MQD would also like to collaborate with NED, and possibly other licensing boards, such as the Department of Commerce and Consumer Affairs (DCCA) Board of Medicine, for implications and remediation for not complying with PDMP requirements. MQD is focused on promoting one hundred percent of providers

checking PDMP in an effort aimed at enhancing patient safety and reducing the potential for prescription drug abuse.

No public testimony. Board member Dr. Greg Yuen suggested that the pharmacy should do an audit at the point of sale, to make sure the provider checked the PDMP prior to dispensing the controlled substance and not dispense the prescription if it wasn't checked. He commented that it would catch non-compliance in real-time, instead of retroactively, when the prescription has already been dispensed. (At this point, the audio and visual from the projection system for the in-person attendees was lost. Audio/visual capability was still available through a laptop computer; however, in-person testimony was unavailable for approximately five minutes until the equipment was reset. Video, audio, and microphone continued without interruptions without interruption for those attending virtually). During the five-minute reset, Ranjani Starr, MQD Clinical Standards Administrator, attending virtually, commented that the legal statute does not have a requirement for pharmacies to audit providers before filling the prescription, and the law falls under the NED, and not MQD. The best that MQD can do is increase enforcement after the fact by continuing our legislative efforts to allow MQD and the health plans to query the PDMP. (The in-person room microphone and audio/video projection were restored at this time). There was no further public or board testimony.

C. Dental Program Highlights for 2025

1. Fluoride continues to be covered under prescription with chewable tablets, drops, multi-vitamin with fluoride in chewable tablets and drops, and a fluoride rinse.
2. Overall dental claims decreased slightly from 2024 to 2025, as well as a decrease in total spend and average spend per prescription.
3. Controlled substance claims increased slightly from 10% to 11% from 2024 to 2025. A dentist outlier for controlled substance prescriptions in calendar year 2025 was discussed. Amongst the total of 2,983 controlled substance claims prescribed by approximately 175 Medicaid contracted dentists, this one dentist accounted for over one-third of these, with 1,043 opioid controlled substance claims. In reviewing 35 of this dentist's chart notes from Hawaii Dental Service (HDS), there was no documentation of first line non-opioid failure or contraindication, and no documentation of opioid necessity or risk factors. In most cases, there was a bundle prescribed, which included an antibiotic, chlorhexidine rinse, a Non-Steroidal Anti-Inflammatory Drug (NSAID), and an opioid/acetaminophen combination, all prescribed together.

Per 2024 American Dental Association (ADA) guidelines, for adults and adolescents, for management of toothaches, simple tooth extractions, and up to surgical post-op procedure pain, first line therapy is typically an NSAID or NSAID plus acetaminophen. If NSAID is contraindicated, then a higher starting dose of acetaminophen is suggested. In rare instances when post-procedural pain using NSAID or NSAID plus acetaminophen is inadequate, then consider adding a combination opioid + acetaminophen tablet. Just-in-

case prescriptions for breakthrough pain with an opioid prescription are NOT recommended, with extra caution for teens and young adults due to higher risk of opioid misuse.

American Association of Endodontists recommends opioid use should be reserved for limited circumstances when a non-opioid therapy is contraindicated.

The US Center for Disease Control and Prevention (CDC) Dental pain guidelines are similar to ADA guidelines but adds risk assessment should be considered for comorbidities such as sleep apnea, renal/hepatic insufficiency, mental health, or substance abuse, and to offer naloxone if overdose risk is present. CDC guidelines also include chart documentation which assesses opioid necessity, duration, and patient risk factors.

Chair Lumeng asked Gary Peton how MQD has handled outlier prescribers in the past. Gary Peton answered that MQD would normally send out a written statement, reminding them of ADA/CDC guidelines. Dr. Yuen asked what has been done by HDS so far in this particular case. Denise Oshiro answered that nothing has been done further than disseminating the 35 charts to MQD for review. Dr. Toma mentioned that twice in the past, MQD called two different dentists to let them know they were on MQD's tracking radar for outlier activity, and behavior changed by the next quarter. Dr. Toma said we could have initial outreach be from either an HDS dentist or our MQD dentist speak to the outlier dentist.

Dr. Yuen asked if remediation would ever get to a level of Regulated Industries Complaint Office (RICO). Dr. Toma answered that there would need to be an outreach done first. Dr. Yuen commented that anyone can lay a complaint, which is severe, and not saying we should, but that could be an option. Denise Oshiro stated that this outlier dentist discussion will be updated further at the next board meeting.

- D. State of Hawaii Organ and Tissue Transplant (SHOTT) Program highlights for 2025 (Presented by Gary Peton, Conduent Government Healthcare Pharmacist)
Overall claims for 2025 increased slightly from 2024, and overall cost per prescription decreased by approximately 28 percent from 2024 to 2025. This may be due to more generics entering the market for transplant indication. Gary showcased one outlier medication in 2025 in which a hospital overbilled five claims for approximately \$12,500 each. This was discovered through retroactive DUR review by Conduent, and dollars are currently being recouped from the hospital.
- E. Office of Youth Services (OYS) Highlights for 2025
Of note, claims have increased about fifty percent from 2024 to 2025, with total spend increasing almost ninety percent.

F. Naloxone nasal trends for 2025

Prescriptions have been steady from 2024 to 2025. Over the Counter (OTC) naloxone nasal has become more accessible from 2024, including naloxone vending machines at various places on Oahu, such as at the Hawaii Health & Harm Reduction Center on 677 Ala Moana Blvd, and on outer islands (Google for all current vending machine locations). MQD strives for increased accessibility to naloxone for anyone wishing to have access. Some possible means may be through co-prescribing naloxone mandates, for those with opioid prescriptions, or those prescriptions above a certain Morphine Milliequivalent per day dosing. MQD will also focus on naloxone accessibility for those with a history of Opioid Use Disorder (OUD) and coming out of an inpatient setting like a state hospital or prison, where unintentional overdose risk is greatest. In addition, MQD is working on updating provider fee schedules, to include reimbursement for pharmacists who may prescribe and dispense naloxone under Hawaii Revised Statutes (HRS) 461-11.8. Overall, there's no harm in increasing naloxone accessibility, and any lives saved from opioid overdose would be a win.

IV. New Business

A. Proposal to update DUR Board member bylaws

Since this Fee-For-Service (FFS) DUR Board focuses primarily on two programs that FFS covers, which are the Dental Program, and the SHOTT Program, a proposal was made to include a licensed and actively practicing dentist to the board. Currently, the bylaws state: four persons licensed and engaged in the practice of medicine in the state; four persons licensed and actively practicing pharmacy in the state; and one person actively practicing as a medical service representative in the state. A dentist can bring their subject matter expertise to the board, including clinically appropriate prescribing of covered outpatient drugs, and quality assurance. The board is seeking an additional member, since it currently contains three licensed physicians, and bylaws require four. However, the proposal was made to edit the bylaws to include three licensed physician members, four licensed pharmacist members, one licensed dentist member, and one medical service representative member. There were no comments from the public, and the board voted, with no abstentions. Therefore, MQD will move forward with the change to the bylaws.

V. In-person and virtual attendees were given the opportunity for public testimony regarding topics pertinent to the FFS DUR Board. There was no public testimony or board member testimony shared.

VI. Next meeting will be held on Wednesday, August 12, 2026.

VII. Adjourn

A. Dr. Lumeng made the motion to adjourn the meeting. With no abstentions, the meeting was adjourned at 12:50 PM.