

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'ŌKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'ŌKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELawe KANAKA
Med-QUEST Division
P.O. Box 700190
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TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'ŌKELE

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

Date: August 9, 2023
Time: 12:00 pm

Remote Meeting Location: Zoom Meeting participation for members and the public:
<https://medquest-hawaii-gov.zoom.us/j/83012882996?pwd=cEE0TldPUmE5YXhVUE4zMzdrTWp1dz09>

In-Person Location:
Kakuhihewa Building
Conference Rooms 577A and 577B
601 Kamokila Blvd., Kapolei, Hawaii 96707

Members Present:

Wendell Au, Vice-Chair, Pharmacist
Dr. James Lumeng, Chair
Miki Lei Morita, Pharmacist
Reed Muraoka, Pharmacist
Dr. Greg Yuen,
Eddie Fox, Medical Service Representative
Kathleen T. Kang-Kaulupali, Clinical Standards Office DUR Coordinator, Pharmacist

Members Absent:

None

Staff present:

Marcy Healey, Acting Clinical Standards Office Administrator
Julie Jay, Clinical Standards Office Secretary
Kathleen T. Kang-Kaulupali, Clinical Standards Office DUR Coordinator, Pharmacist
Michael Mau, Information Technology Specialist
Carmel Muenster, Clinical Standards Office Clerk
Dr. Curtis Toma, Clinical Standards Office, Medical Director

Public Attendance:

In-person location: None
Virtual: None

- I. Chair Dr. James Lumeng, called the meeting to order at 12:08 p.m. and welcomed participants to the meeting. Chair Dr. James Lumeng, proceeded with a roll call of Board members. A quorum of 7 members present was reported by the DUR Coordinator. The Board members were informed to declare if they were not alone. All participating board members declared that they were alone. Other support members of the Drug Use Review Board were noted: Dr. Lynette Honbo, Koan Risk Solutions (present); Gary Peton, Conduent Government Healthcare, pharmacist (present); Dr. Gavin Uchida, Clinical Standards Office, dentist (not present).
- II. No executive session was required.
- III. The May 17, 2023 meeting minutes were reviewed. There was no public testimony. Without further discussion, it was moved by Dr. Lumeng to accept the minutes as presented and the motion was seconded by Eddie Fox. The motion passed unanimously with no opposition and no abstentions. For additional time to review the November 10, 2021 meeting minutes, it was moved by Eddie Fox to postpone the approval of the November 10, 2021 meeting minutes until the October 18, 2023 meeting. Dr. James Lumeng seconded the motion. There was no public testimony or further discussion. The motion passed unanimously with no opposition and no abstentions.
- IV. For the election of officers, the motion was made that the past Chair Dr. James Lumeng and the past Vice-Chair Wendel Au, continue in their respective offices. This was seconded by Dr. Greg Yuen. Both Dr. James Lumeng and Wendel Au agreed to their nomination. There was no public testimony nor further discussion. The motion passed unanimously with no opposition and no abstentions.
- V. Dental Program– presented by Gary Peton and Kathleen T. Kang-Kaulupali.
 - a. Highlights of the Dental Program paid claims data for the second quarter of 2023 versus the first quarter of 2023 were presented. Dr. Toma clarified that the dental program was expanded to include adult coverage on January 1, 2023.
 - i. There were 4,905 paid claims in the second quarter of 2023, representing approximately increase of 10% over first quarter of 2023. No Prior Authorization (PA) requests were received.
 - ii. The end of quarter weekly claim count was 371 paid claims versus the first week of the quarter at 299. Claims consisted of antibiotics, pain medications, chlorhexidine, fluoride and anti-inflammatories. There were 1-2 benzodiazepines.
 - iii. Controlled drugs utilization was 18.7% of paid claims for the second quarter of 2023 compared to 16.3% in the first quarter of 2023. Most were acetaminophen

with codeine. Monitoring will continue. The provider memorandum FFS 23-05 includes the dental formulary. No outliers were found for oxycodone or hydrocodone or codeine (limit of a 3-day supply). Beginning June 2023, the quantity limits prospective edits for controlled drugs as per provider memorandum Q12312 FFS 23-05 were finalized. An increase in diazepam claims will be monitored for outliers.

iv. There were 51 paid claims of sodium fluoride toothpaste (i.e. SF 5000) and they were all generic.

b. No public testimony was shared.

c. No motion was made.

VI. State of Hawaii Organ and Tissue Transplant (SHOTT) Program – presented by Gary Peton and Dr. Lynette Honbo.

a. Gary Peton reported appropriate utilization of all paid claims for the second quarter of 2023.

b. Expensive drug claims greater than \$1,000: Review noted one chemotherapy, Blincyto at a cost greater than \$60,000. Dr. Lynette Honbo, Koan Risk Solutions, shared that Koan facilitated a prior authorization to Conduent after consultation with Dr. Toma on the Blincyto claim.

c. No public testimony was shared.

d. No motion was made.

VII. Federal Fiscal Year October 1, 2021 - September 30, 2022 - presented by Kathleen T. Kang-Kaulupali.

a. The DUR Coordinator presented the Annual DUR Calendar with Drug Utilization Review Minimum Standards for FFY 2022. Due to low utilization and/or amounts of data on most of the reviews, annual review (instead of quarterly) is done. These reviews are required by the Center of Medicare and Medicaid Services (CMS) and are reported on the annual DUR review for FFS due by June 30 of each year. No DUR Board meeting was held in the fourth quarter of 2022 to present this review. It is being presented today and was reported to CMS on June 30, 2023. For the following, there was no or minimal claims for review. Those that could be reviewed were not requiring intervention, recovery or policy change.

i. Prospective DUR for chronic pain, initial fills for opioids, quantity limits, maximum daily morphine milligram equivalent (MME) limits.

ii. Automated retrospective claims DUR for opioid fraud, waste and abuse, excessive utilization, inappropriate or medically unnecessary care, and aberrant prescribing or billing practices, concurrent prescriptions of opioids and benzodiazepines or

antipsychotics. Also part of the annual review of retrospective DUR is the dental program, hepatitis C and opioids (included in the controlled substances review).

- iii. Monitor and manage appropriate use of antipsychotic medications by children, Additional SUPPORT Act DUR changes, opioid after being prescribed one or more Medication Assisted Treatment (MAT) drugs in absence of a new indication to support opioid utilization, at risk of opioid overdose to consider for co-prescription or co-dispensing of naloxone.

b. No public testimony was shared.

c. No motion made.

VIII. Hepatitis C drug treatments – presented by Kathleen T. Kang-Kaulupali and Dr. Curtis Toma.

a. The Hepatitis C Medications Estimated Expenditures chart was compiled from drug rebate data for trending. Actual MQD claims data will be available for the next meeting. Initially, Harvoni was the drug of choice, but it now has a generic version and is no longer utilized. The second drug of choice was Eplclusa with a similar pattern. Benchmarks for policy changes are noted. Changes were less prior authorization criteria and they did not affect utilization. Continued stable utilization occurred.

i. First quarter in 2017 fibrosis score change of F3 to F1;

ii. First quarter in 2019 fibrosis score change of F1 to F0;

iii. First quarter in 2022 COVID public health emergency declared;

iv. Fourth quarter in 2022 no alcohol or drug screen required and primary care provider attestation to gold card; and

v. First quarter in 2023 no longer public health emergency for COVID.

b. Policy changes for increased patient access to treatment are occurring nationally. Review of this shared data finds Hawaii policy is not limiting prescribing.

c. Dr. Toma, Clinical Standards Office, Medical Director, explained provider memorandum QI2227, FFS 22-08. To increase patient access to care, the goal is to expand primary care provider access by decreasing the specialist consultation requirement. The American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) guidelines are to be followed. A primary care provider attestation form is being finalized, to the decrease upfront barriers. Further discussion at the next meeting is encouraged.

d. No public testimony shared.

e. No motion was made.

IX. The next DUR Board meeting is Wednesday, October 18, 2023.

- X. The meeting was adjourned by Chair Dr. James Lumeng. Vice-Chair Wendel Au moved that the meeting be adjourned; Eddie Fox seconded the motion. There was no public testimony nor further discussion. The motion passed unanimously with no opposition and no abstentions.