Alaska Medicaid Pharmacy and Therapeutics Committee Meeting

Minutes of Meeting
November 21, 2025

Committee Members Present:
Charles Semling PharmD, DHSS
John Riley, PA, Acting Chairman
Valerie Bixler PharmD
Robert Carlson MD
Anna Brecheisen PharmD
Claudia Phillips, MD

Committee Members Absent:
Charles Ryan, MD

Others Present:
Matthew Parrott PharmD, DHSS
Coleman Cutchins PharmD, DHSS
Nina Huynh PharmD, BCPS
Ryan Ruggles PharmD, MSHI
Connie Zheng PharmD
Kristine Simpson
Aaron Feyos (Bristol Meyers Squibb)
Allyson Howard (Genentech)
Amanda Rendall (Neurelis)
Ann Nelson (Vertex)
Bill McDougall (Biogen)
Cambridge Hampsher (Indivior)
Casey Eastman (Neurelis)
Craig Sexton (Supernus Pharmaceuticals)
David Gross (Pfizer)
Deron Grothe (Braeburn Inc.)
Eileen Zimmer (Novartis)
Erin Nowak (AbbVie)
Gus Colberg (BMS)
Janet Loats (Genentech)
Jenna Doerr (Artia Solutions)
Jessica Jay (Vertex Pharmaceuticals)
Jill Carroll (Bristol Myers Squibb)
John Landis (Braeburn)
Katie Middlebrook (Genentech)
Kelly Hufty (BMS)
Lisa Carman (Genentech)
Lisa Gilliam (Orexo)

Lynda Finch (Biogen)
Marc Parker (VS Health Group)
Melissa Roy (Otsuka)
Michele Pannell (Alkermes Inc.)
Monica Keating (Supernus)
Paul Thompson (Alkermes)
Rochelle Yang (Teva)
Sara Yoon (Alaska DPH SOE)
Shawn Akey (Concis Labs)
Tammi Ocumpaugh (Otsuka)
Vera Richman (Sage Therapeutics)

1. Call to Order and Agenda Overview

The meeting was called to order at 8:05 am by John Riley.

2. Roll Call

The roll call was taken, and a quorum was present.

3. Public Comments – Local Public/Health Practitioners

None.

4. Class Review, Discussion and Vote

Nina Huynh noted that all green class utilization and motions would be reviewed at the end of the meeting. The committee will then have 1 motion and vote to approve green classes unless the committee wishes to discuss a specific class.

4-A. Cystic Fibrosis: CFTR Potentiator Agents (Red)

CFTR Potentiator Agents (Red)

There was manufacturer presentation regarding Alyftrek (Jessica Jay).

Cystic fibrosis is a genetic disorder caused by mutations in the CFTR gene, leading to thick mucus that obstructs airways and disrupts digestion. It affects ~40,000 people in the U.S. and ~105,000 globally. Treatment goals include improving lung function, preventing infections, and using CFTR modulators.

In December 2024, Trikafta received expanded FDA approval for additional mutations and Alyftrek was introduced as a new triple-combination therapy. Both carry boxed warnings for liver injury and require LFT monitoring.

Utilization was 100% in line with PDL.

Previous motion Dr. Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Charles Ryan. The motion passed unanimously.

Claudia Phillips moved for therapeutic alternatives. Seconded by Anna Brecheisen. The motion passed unanimously.

4-B. Central Nervous System: Alzheimer's Agents (Blue); Anticonvulsants (Blue); Antidepressants (Blue); Antipsychotics -Atypical (Blue); Multiple Sclerosis Agents (Blue); Stimulants and Related Agents (Blue)

Alzheimer's Agents (Blue Class)

Alzheimer's disease is a progressive neurodegenerative disorder causing cognitive decline and behavioral changes. It progresses through early, middle, and late stages.

In November 2024, Namenda tablets were discontinued.

In May 2025, the FDA cleared first blood test for amyloid plaques.

Leqembi received new dosing and formulation updates in the last year.

Utilization was 98.1% in line with PDL.

Previous motion Robert Carlson moved the drugs in the class were therapeutic alternatives. Seconded by Claudia Phillips. The motion passed unanimously.

Claudia Phillips moved for therapeutic alternatives. Seconded by Robert Carlson. The motion passed unanimously.

Anticonvulsants (Blue Class)

There was manufacturer presentation regarding Valtoco (Amanda Rendall).

Active repetitive seizure clusters involve multiple seizures over hours or days and can escalate to status epilepticus. Benzodiazepines are the cornerstone of rescue therapy.

In April 2025, FDA expanded Valtoco indication to ≥2 years.

In April 2025, Qudexy XR was discontinued.

In July 2025, FDA approved generic perampanel tablets.

In September 2025, Subvenite oral suspension was approved for epilepsy and bipolar maintenance.

Utilization was 94.8% in line with PDL.

Previous motion Claudia Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Casey Gokey. The motion passed unanimously.

Claudia Phillips moved for therapeutic alternatives. Seconded by Anna Brecheisen. The motion passed unanimously.

Antidepressants (Blue Class)

There was manufacturer presentation regarding Zurzuvae (Lynda Finch).

Major depressive disorder affects 13.1% of individuals ≥12 years old. Treatment-resistant depression occurs in ~20–30% of patients.

Generalized anxiety disorder affects 6.8 million or 3.1% of United States adults annually.

In October 2024, Cymbalta and Zulresso were discontinued.

In November 2024, the FDA approved Raldesy (trazodone oral solution) for treatment of major depressive disorder in adults.

In January 2025, the FDA approved Spravato as monotherapy for treatment resistant depression.

In August 2025, escitalopram capsules were approved for major depressive disorder and generalized anxiety disorder.

Utilization for SSRIs was 95.6% in line with the PDL and other antidepressants was 94.4%.

Previous motion for SSRI antidepressants, Claudia Phillips moved a class effect. Seconded by Sarah Doran-Atchison. For other antidepressants, Claudia Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Sarah Doran-Atchison. Both motions passed unanimously.

Claudia Phillips moved class effect for the SSRI and therapeutic alternatives for the other antidepressants. Seconded by Anna Brecheisen. The motion passed unanimously.

Antipsychotics -Atypical (Blue Class)

There was manufacturer presentation regarding Lybalvi (Paul Thompson), Uzedy, and Cobenfy (Aaron Feyos).

Schizophrenia affects ~1% of the population. VA/DoD guidelines recommend individualized antipsychotic therapy and to reserve clozapine for treatment-resistant cases.

In April 2025, the FDA approved Mezofy (aripiprazole oral film) for schizophrenia.

Utilization was 96.8% in line with PDL.

Previous motion Claudia Phillips moved for therapeutic alternatives. Seconded by Sarah Doran-Atchison. The motion passed unanimously.

Claudia Phillips moved for therapeutic alternatives. Seconded by Valerie Bixler. The motion passed unanimously.

Multiple Sclerosis Agents (Blue Class)

In January 2025, the FDA added boxed warning to glatiramer acetate for risk of anaphylaxis.

Utilization was 90% in line with PDL.

Previous motion Claudia Phillips moved for therapeutic alternatives. Seconded by Trish White. The motion passed unanimously.

Claudia Phillips moved for therapeutic alternatives. Seconded by Anna Brecheisen. The motion passed unanimously.

Stimulants and Related Agents (Blue Class)

Attention deficit hyperactivity disorder (ADHD) affects ~9.8% of children and 2–7% of adults. Core symptoms include inattention, hyperactivity, and impulsivity. Stimulants are most used as first-line therapy.

In October 2024, brand name Strattera was discontinued. Generics remain available.

In July 2025, the FDA issued safety communication for ER stimulants in children <6 years old.

In June 2025, Arynta oral solution was approved for ADHD and binge eating disorder.

Utilization was 82.5% in line with PDL.

Previous motion Claudia Phillips moved for therapeutic alternatives. Seconded by Sarah Doran-Atchison. The motion passed unanimously.

Claudia Phillips moved for therapeutic alternatives. Seconded by Anna Brecheisen. The motion passed unanimously.

4-C. Analgesics: Non-Steroidal Anti-Inflammatory Drugs (Blue); Antimigraine Agents (Red); Neuropathic Pain and Select Agents (Red); Skeletal Muscle Relaxants (Blue)

Non-Steroidal Anti-Inflammatory Drugs (Blue Class)

NSAIDs are widely used for pain and inflammation but carry risks of GI bleeding and CV events.

In November 2024, flurbiprofen was discontinued by Teva.

In July 2025, Daypro 600mg tablets were discontinued.

In July 2025, the FDA approved Vyscoxa oral suspension for osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, and juvenile rheumatoid arthritis.

Utilization was 99.7% in line with PDL.

Previous motion Casey Gokey moved a class effect seconded by Claudia Phillips. The motion passed unanimously.

Anna Brecheisen moved a class effect. Seconded by Claudia Phillips. The motion passed unanimously.

Antimigraine Agents (Red Class)

There was manufacturer presentation regarding Nurtec ODT (David Gross), Qulipta (Erin Nowak), and Ajovy.

Migraine is a neurological disorder affecting >37 million people in the U.S. Symptoms include severe headache and sensory changes. American College of Physicians released updated guidelines in 2025.

Cluster headache is a severe, unilateral headache with autonomic symptoms.

In February 2025, the FDA approved Symbravo for the acute treatment of migraine with or without aura in adults.

In May 2025, the FDA approved Atzumi for the acute treatment of migraine with or without aura in adults.

In May 2025, the FDA approved Brekiya for acute treatment of migraine with or without aura and the acute treatment of cluster headaches in adults.

In August 2025, the FDA expanded the indication for Ajovy to include pediatric episodic migraine prevention.

In September 2025, Prasco announced the discontinuation of authorized generic Imitrex 5mg and 20 mg nasal spray products. Generics will remain on the market.

Utilization was 97.9% in line with PDL for triptans, and 86% in line with the PDL for other antimigraine agents.

Previous motion for antimigraine agents, triptans: Claudia Phillips moved the drugs be considered a class effect to include at least one non-oral preparation, one drug for acute treatment, and a drug for prophylactic treatment. Seconded by Casey Gokey. The motion passed unanimously.

Previous motion for antimigraine agents, other: Claudia Phillips moved the drugs to be considered therapeutic alternatives for acute and prophylactic treatment. Seconded by Casey Gokey. The motion passed unanimously.

Antimigraine agents, triptans: Anna Brecheisen moved the drugs be considered a class effect to include at least one non-oral preparation, one drug for acute treatment, and a drug for prophylactic treatment. Seconded by Robert Carlson. The motion passed unanimously.

Antimigraine agents, other: Claudia Phillips moved the drugs to be considered therapeutic alternatives for acute and prophylactic treatment. Seconded by Valerie Bixler. The motion passed unanimously.

Neuropathic Pain and Select Agents (Red Class)

There was manufacturer presentation regarding Journavx.

Acute pain often results from injury or surgery. Non-opioid therapies are recommended first-line.

In January 2025, the FDA approved Journavx (suzetrigine), a first-in-class non-opioid sodium channel inhibitor for adults with moderate-to-severe acute pain.

Utilization was 99.0% in line with PDL.

Previous motion Claudia Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Casey Gokey. The motion passed unanimously.

Claudia Phillips moved for therapeutic alternatives. Seconded by Anna Brecheisen. The motion passed unanimously.

Skeletal Muscle Relaxants (Blue Class)

Muscle spasms and spasticity affect mobility and independence. Skeletal muscle relaxants (SMRs) are used for short-term relief of musculoskeletal pain.

In December 2024, the FDA approved Ontralfy (tizanidine oral solution) for treatment of spasticity.

In July 2025, the FDA approved Atmeksi (methocarbamol oral suspension) as an adjunct to rest, physical therapy, and other measures for relief of acute, painful musculoskeletal conditions.

In August 2025, the FDA approved Tonmya (cyclobenzaprine sublingual tablet) for fibromyalgia in adults.

Utilization was 97.7% in line with PDL.

Previous motion Charles Ryan moved the drugs in the class were therapeutic alternatives. Seconded by Casey Gokey. The motion passed unanimously.

Claudia Phillips moved for therapeutic alternatives. Seconded by Anna Brecheisen. The motion passed unanimously.

4-D. Substance Dependence: Opioid Dependence (Blue); Opioid Reversal Agents (Blue)

Opioid Dependence (Blue Class)

There was manufacturer presentation regarding Sublocade.

Opioid dependence is a chronic condition characterized by compulsive opioid use despite harmful consequences.

In December 2024, the FDA recommended labeling changes for buprenorphine-containing transmucosal products for opioid dependence. The update clarifies that maintenance doses can be adjusted based on therapeutic need, and doses greater than 24 mg/day may be appropriate for some patients, even though such doses have not been studied in randomized clinical trials.

Utilization was 93.6% in line with PDL.

Previous motion Casey Gokey moved the drugs in the class were therapeutic alternatives. Seconded by Claudia Phillips. The motion passed unanimously.

Claudia Phillips moved for therapeutic alternatives. Seconded by Valerie Bixler. The motion passed unanimously.

Opioid Reversal Agents (Blue Class)

Opioid overdose causes life-threatening respiratory and central nervous system depression. In 2023, approximately 105,000 drug overdose deaths occurred in the U.S., with 76% involving opioids.

In August 2025, naloxone (Kloxxado) was introduced in a new 4 mg/0.1 mL strength.

Utilization was 10.3% in line with PDL. This was due to the OTC utilization and sporadic availability of preferred agents.

Previous motion Claudia Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Casey Gokey. The motion passed unanimously.

Claudia Phillips moved for therapeutic alternatives. Seconded by Anna Brecheisen. The motion passed unanimously.

4-E. Green Classes

Antibiotics, Inhaled

Utilization was 75% in line with PDL.

Previous motion Claudia Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Charles Ryan. The motion passed unanimously.

Pancreatic Enzymes

Utilization was 96.3% in line with PDL.

Previous motion Claudia Phillips moved class effect. Seconded by Valerie Bixler. The motion passed unanimously.

Sedative Hypnotics

Utilization was 85.6% in line with PDL.

Previous motion Claudia Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Robert Carlson. The motion passed unanimously.

Analgesics, Opioid Short-acting

Utilization was 91.8% in line with PDL.

Previous motion Claudia Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Valerie Bixler. The motion passed unanimously.

Analgesics, Opioid Long-acting

Utilization was 73.4% in line with PDL.

Previous motion Claudia Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Casey Gokey. The motion passed unanimously.

Restless Leg Syndrome

Utilization was 90.3% in line with PDL.

Previous motion Charles Ryan moved the drugs in the class were therapeutic alternatives. Seconded by Valerie Bixler. The motion passed unanimously.

Smoking Cessation Products

Utilization was 99.3% in line with PDL.

Previous motion Claudia Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Robert Carlson. The motion passed unanimously.

Claudia Phillips moved to approve the green classes as the previous year's motion. Seconded by Robert Carlson. The motion passed unanimously.

5. End of Public meeting

6. Comments from Committee members

7. Adjourn 10:25 am

The next meeting was scheduled for January 16th, 2026.