Alaska Medicaid Pharmacy and Therapeutics Meeting

MINUTES OF MEETING
January 16, 2026

Committee Members Present:
John Riley, PA, Acting Chairman
Claudia Phillips, MD
Anna Brecheisen, PharmD
Valarie Bixler, PharmD

Committee Members Absent:
Charles Ryan, MD
Robert Carlson, MD

Others Present:
Matthew Parrott PharmD, DHSS
Nina Huynh, PharmD, BCPS
Charles Semling PharmD, DHSS
Ryan Ruggles, PharmD
Greg Watts, ARS
Shannon DeBartolo, Amgen
Krystal Ngo, Arcutis
Valerie Ng, LEO Pharma
Karla McSpadden, Galderma
Beth Lubenzilk (phonetic), Eli Lilly
Brian Sherwood, Organon

1. Call to Order – Chair

Mr. Riley called the meeting to order at 8:00 a.m.

2. Roll Call

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

3. Public Comments - Local Public/Health Practitioners

4. Class Review, Discussion & Vote

4-A. Respiratory/Allergy: Epinephrine, Self-Administered (Blue); Immunomodulators, Asthma (Red); Beta Agonists Bronchodilators, Short (Green); Beta Agonists Bronchodilators, Long (Green); Glucocorticoids, Inhaled (Single Entity & Combination (Green); Leukotriene Modifiers (Green); COPD Agents (Green); Intranasal Rhinitis Agents (Green); Antihistamines, Minimally Sedating (Green)

Epinephrine, Self-Administered (Blue Class)

GREG WATTS, Medical Liaison with ARS Pharmaceutical Incorporated introduced NAMPHE, a needle-free option for the emergency treatment of type I allergic reactions including anaphylaxis in patients four years of age and older weighing 15 kilograms or more. He addressed the unmet need, clinical safety, and efficacy. He also talked about the clinical studies that were done.

Nina gave the disease state description for anaphylaxis.

In March 2025, the FDA expanded the indication for Neffy nasal spray for the treatment of type I allergic reactions including anaphylaxis, to include pediatric patients aged four years and older who weigh between 15 and less than 30 kilograms. Previously Neffy was only approved for adults and children weighing at least 30 kilograms. Along with expanded approval the FDA also introduced a new one milligram per 0.1 mL nasal spray in addition to the two milligram option.

Utilization was 97.1 percent in line with PDL.

Previous motion. Dr. Ryan moved the drugs in the class were therapeutic alternatives. Seconded by Sarah Doran-Atchison. The motion passed unanimously.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY ANNA BRECKHEISEN. THE MOTION PASSED UNANIMOUSLY.

Immunomodulators, Asthma (Red Class)

SHANNON DEBARTOLO, Medical Value and Access Liaison with Amgen Scientific Affairs requested the committee consider Tezspire for inclusion on the PDL with coverage aligned to its label. She gave information on Tezspire along with usage, clinical trial outcomes, and safety profile. She stated that it is the first and only biologic to reduce asthma exacerbations consistently and significantly across the broad patient population with severe asthma irrespective of their biomarkers.

Nina gave the disease state description for asthma.

The 2025 guidelines for asthma were given along with an update from the 2024 guidelines. She gave focus to step 5 where omalizumab is listed as an add-on biologic therapy for patients with severe asthma who continue to have exacerbations or poor symptom control despite high dose ICS-LAGBA combination.

The disease state description was then given for chronic rhinosinusitis with nasal polyps (CSwNP).

Chronic urticaria disease state description was given next.

The disease state description for COPD was given.

Xolair and its biosimilars. The FDA recently approved omlyclo as an interchangeable biosimilar. It carries the same indication as Xolair including moderate to severe persistent asthma in patients six years of age or older who have a positive skin test or in vitro sensitivity to a perennial aeroallergen and whose symptoms remain inadequately controlled with inhaled corticosteroids. Indications, limitations, warnings, dosage, and availability were given.

In May 2025, the FDA approved a new indication of mepolizumab, Nucala, as an add-on maintenance treatment for patients with inadequately controlled COPD and an eosinophilic phenotype. Indications, limitations, warnings, dosage, and availability were given**.**

In October 2025, the FDA approved a new indication for Tezepelumab marketed as Tezspire for add-on maintenance treatment of adults and pediatric patients 12 years of age and older with inadequately controlled CRSwNP. Indications, limitations, warnings, dosage, and availability were given.

Utilization was 72.7 percent in line with PDL. Nina stated that the low PDL was due to the lower count and some utilization on Tezspire which does require PA.

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

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY VALARIE BIXLER. THE MOTION PASSED UNANIMOUSLY.

Beta Agonists Bronchodilators, Short (Green Class)

Utilization was 89 percent in line with PDL.

Previous motion Dr. Ryan moved a class effect to include both an inhaler and a nebulized product. Seconded by Valerie Bixler. The motion passed unanimously.

Beta Agonists Bronchodilators, Long (Green Class)

Utilization was 85.7 percent in line with PDL.

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

Glucocorticoids, Inhaled (Single Entity & Combination) (Green Class)

AirDuo RespiClick was discontinued in June 2025. The generic product remains available.

For single product, utilization is 97.6 percent in line with PDL. For the combined products, utilization is 34.4 percent in line with PDL. This is due to the high utilization of the generic Advair and Symbicort.

Previous motion, Dr. Ryan moved the drugs in the class for therapeutic alternatives to include at least one from each subclass. And seconded by Sarah Doran-Atchison. Motion passed unanimously.

Leukotriene Modifiers (Green Class)

There was a discontinuation of singular 4 milligram granules and Zyflo 600 milligram tablets

Utilization was 100 percent in line with PDL.

Previous motion, Sarah Doran-Atchison move a class effect to exclude zileuton. Seconded by Casey Gokey. Motion passed unanimously.

COPD Agents (Green Class)

Utilization was 95.4 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives. Seconded by Dr. Doran-Atchison. The motion passed unanimously.

Intranasal Rhinitis Agents (Green Class)

The authorized generic Dymista nasal spray was discontinued. The brand name product and generic will remain on the market.

Utilization was 99 percent in line with PDL.

Previous motion. Sarah Doran-Atchison move a class effect. Seconded by Dr. Ryan. Motion passed unanimously.

Antihistamines, Minimally-Sedating (Green Class)

Utilization was 95.2 percent in line with PDL.

Previous motion Sarah Doran-Atchison moved a class effect to include an oral syrup or suspension for pediatric dosing. Seconded by Dr. Ryan. Motion passed unanimously.

4-B. Dermatological: Antipsoriatics, Topical (Blue); Immunomodulators, Atopic Dermatitis (Red); Topical Steroids (low, medium, high, very high potency) (Green); Acne, Topical (Green)

Antipsoriatics, Topical (Blue Class)

KRYSTAL NGO, Medical Values and Outcomes Liaison at Arcutis Biotherapeutics spoke on Zoryve. Zoryve is a steroid free and highly potent phosphodiesterase-4 inhibitor indicated for the treatment of seborrheic dermatitis in adults and pediatric patients nine years of age and older. In May 2025 Zoryve 0.3 percent foam was given a new indication for the treatment of plaque psoriasis of the scalp and body in adult and pediatric patients ages 12 and older. She stated that there are no label restrictions and that it is applied once daily. Information on clinical trials was given.

Nina gave the disease state description for psoriasis.

The FDA has approved a new indication for Roflumilast 0.3 percent foam, marketed as Zoryve, for the treatment of plaque psoriasis of the scalp and body in adults and pediatric patients ages 12 and older. It is also available in a cream version for the treatment of atopic dermatitis which will be reviewed in a separate section. Indications, limitations, warnings, dosage, and availability were given.

Utilization was 70.1 percent in line with PDL. Nina stated this was so low due to the low claim count.

Previous motion Dr. Ryan moved that the drugs in the class were therapeutic alternatives. Seconded by Trish White. The motion passed unanimously.

ANNA BRECKHEISEN MOVED THAT THE DRUGS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. PHILLIPS. THE MOTION PASSED UNANIMOUSLY.

Immunomodulators, Atopic Dermatitis (Red Class)

VALERIE NG, Pharmacist and Field Medical Affairs Team Member at LEO Pharma. She spoke on two different medications. The first medication she spoke on was Anzupgo, delgocitinib. She stated that it is the first and only FDA approved treatment for moderate to severe chronic hand eczema, CHE, for adults with inadequate response to topical corticosteroids or TCS, or for those patients whom TCS are not advisable. She talked about CHE. She also talked about the clinical trials for delgocitinib. She then thanked the committee for continuing to provide access to Alaska Medicaid members suffering from atopic dermatitis with Adbry or tralokinumab, which is a biologic specifically targeting interleukin-13, IL-13. She highlighted a safety label update regarding long-term safety for this medication.

KARLA MCSPADDEN, Pharmacist with Galderma. She spoke on Nemluvio, nemolizumab. It is indicated for two skin diseases. The first disease is prurigo nodularis in adults and the second disease is severe atopic dermatitis in adults and pediatric patients age 12 and older. She talked about drug trials related to Nemluvio. Nemluvio has been strongly recommended in the 2025 update of the American Academy of Dermatology Guidelines in combination with topical therapy.

BETH LUBENZILK, Pharmacist and Payer Health Outcomes Liaison with Eli Lilly and Company. She provided comments on lebrikizumab, Ebglyss. It is indicated for the treatment of adult and pediatric patients 12 years of age and older who weigh at least 40 kilograms with moderate to severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Dosage was given along with clinical trial information.

KRYSTAL NGO, Medical Values and Outcomes Liaison at Arcutis Biotherapeutics. She spoke to the committee again on Zoryve though this time it was in regard to its cream formation for the treatment of mild to moderate atopic dermatitis. Information on the cream formation was given. Trial information was given.

BRIAN SHERWOOD, Pharmacist with Organon. He spoke about Vtama, tapinarof cream, 1 percent. It is a once daily steroid free aryl hydrocarbon receptor agonist indicated for the topical treatment of AD in patients down to two years of age and for the treatment of plaque psoriasis in adults. Clinical trial information was given.

Nina gave the disease state description for atopic dermatitis.

The 2025 AAP Guidelines on Atopic Dermatitis introduce updates regarding emerging systemic therapies and proactive treatment strategies to reduce flare-up frequency and improve quality of life, while maintaining core recommendations on skin care treatments.

The disease state description for chronic hand eczema (CHE) was given. The only FDA approved medication for CHE specifically is Anzupgo, a non-steroidal JAK inhibitor.

The disease state description for bullous pemphigoid was given.

Elidel 1 percent cream was discontinued in March 2025. The generic is still available.

In April 2025, Dupixent was approved for the treatment of patients ages 12 and older with CSU who remain symptomatic despite H1 antihistamines. It is not indicated for other forms or urticaria. Indications, limitations, warnings, dosage, and availability were given.

In June 2025, Dupixent was approved for adults with bullous pemphigoid in combination with a tapering course or oral corticosteroids. Indications, limitations, warnings, dosage, and availability were given.

Nina then gave drug information on Delgocitinib cream, Anzupgo. Indications, limitations, warnings, dosage, and availability were given.

In September 2025, the FDA expanded the age indication for Opzelura for treatment of mild to moderate atopic dermatitis in non-immunocompromised patients ages two and older whose disease is not adequately controlled with topical prescription therapy or when those therapies are not advisable.

In October 2025, the FDA broadened the indication for Zoryve to include the topical treatment of mild to moderate atopic dermatitis in pediatric patients ages two to five years granting approval for a new 0.05 percent strength applied once daily to the affected skin. Indications, limitations, warnings, dosage, and availability were given.

Utilization was 94.8 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives to include at least one pediatric approved preparation. Seconded by Anna Brecheisen. The motion passed unanimously.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY ANNA BRECHEISEN. THE MOTION PASSED UNANIMOUSLY.

Topical Steroids (low, medium, high, very high potency) (Green Class)

PDL compliance is 93.1 percent for low potency, 87 percent for medium potency, 93.4 percent for high, and 94.3 percent for very high potency.

Previous motion, Dr. Ryan moved a class effect within each potency group and to include at least one ointment, one cream, and one pediatric formulation from each potency group. Seconded by Anna Brecheisen. Motion passed unanimously.

Acne, Topical (Green Class)

There were two discontinuations, Avita Cream and Erygel. Generics remain available for each.

Utilization was 82.2 percent in line with PDL.

Previous motion, Dr. Ryan moved that drugs in the class were therapeutic alternatives. Seconded by Dr. Carlson. The motion passed unanimously.

4-C. Immunological: Cytokine & CAM Antagonists (Non-GI indicators) (Red); Immunosuppressants, Oral (Green)

Cytokine & CAM Antagonists (Non-GI Indicators) (Red Class)

SHANNON DIBARTOLO, Medical Value and Access Liaison with Amgen Scientific Affairs respectfully requested that the committee include the new FDA approved labeling changes for Otezla from August 2025 for inclusion on the PDL with alignment to Otezla's current label. She gave the new approved treatment information.

Nina gave the disease state description for giant cell arteritis, GCA or temporal arteritis.

The FDA has approved tocilizumab and Avtozma for the treatment of severe or life-threatening CRS associated with CAR T-cell therapy in patients two year of age or older.

Uplizna is now the first and only FDA approved treatment of IgG4-RD.

The disease state description for psoriatic arthritis was given.

The 2018 ACR and National Psoriasis Foundation Guidelines recommend TNF inhibitors as first line biologics for treatment naïve psoriatic arthritis. If TNF therapy fails then switch to another TNF or interleukin-17 inhibitor with IL-12-23 agents for skin prominent disease.

Information was given on Actemra and its biosimilar.

In August 2025, the FDA expanded the age indication for the treatment of COVID-19 to include pediatric patients two years of age and older. Previously this indication was

limited to adults only. The dose is weight based for patients weighing less than 30 kilograms. Indications, limitations, warnings, dosage, and availability were given.

Tyenne received two additional FDA indications. In February 2025 for CRS in patients two years of age and older and then for COVID-19 in adults. New presentations were also added giving Tyenne the same dosage form and strength as Actemra.

There were no updates in the past year for Tofidence.

In April 2025, the FDA approved a new indication for Uplizna as the first and only treatment for immunoglobulin G4 related disease in adults. Indications, limitations, warnings, dosage, and availability were given

In April 2025, the FDA approved a new indication for Rinvoq of the treatment of adults with GCA. Indications, limitations, warnings, dosage, and availability were given

In May 2025, the FDA approved a new presentation of spesolimab-spzo, marketed as Spevigo. Indications, limitations, warnings, dosage, and availability were given.

In July 2025, the FDA expanded the indication for apremilast, Otezla, to include pediatric patients six years of age or older weighing at least 20 kilograms for the treatment of cirrhotic arthritis. Indications, limitations, warnings, dosage, and availability were given.

In August 2025, the FDA approved a new formation, Otezla XR, for adults with active cirrhotic arthritis, plaque psoriasis, requiring systemic therapy or phototherapy, and oral ulcers associated with Behcet's disease as well as pediatric patients six years of age or older and weighing at least 50 kilograms with active cirrhotic arthritis or moderate to severe plaque psoriasis. Indications, limitations, warnings, dosage, and availability were given.

In September 2025, the FDA expanded the indication for Tremfya to include pediatric patients aged six years and older who weigh at least 40 kilograms for the treatment of moderate to severe plaque psoriasis requiring systemic therapy or phototherapy and for active cirrhotic arthritis. Previously, Tremfya was only approved for adults with these conditions. Indications, limitations, warnings, dosage, and availability were given.

In October of 2025, the FDA expanded the indication for Xeljanz to include pediatric patients aged two years and older for the treatment of active cirrhotic arthritis and those who have an inadequate response or intolerance to at least one TNF blocker. Previously, this indication was limited to adults only. Indications, limitations, warnings, dosage, and availability were given.

There were no updates on the indications for Humira since the last review. Information on Humira and the biosimilars was given. The Humira interchangeable biosimilar Amjevita, Cyltezo, Hyrimoz, Hadlima, Yuflyma and Idacio received FDA approval for two expanded indication. Indication for treatment of moderate to severe HS has been

expanded to include pediatric patients 12 years and older, an indication for treatment of noninfectious intermediate posterior and panuveitis have been expanded to include pediatric patients two years and older, which now matches the reference product. Both of these indications were previously approved for adults only in these biosimilars.

Utilization was 77.6 percent in line with PDL. The low percentage is due to the Cosentyx grandfathering.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives to include at least one oral preparation. Seconded by Dr. Doran-Atchison. The motion passed unanimously.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE ORAL PREPARATION. SECONDED BY ANNA BRECHEISEN. THE MOTION PASSED UNANIMOUSLY.

Immunosuppressants, Oral (Green Class)

Utilization was 82 percent in line with PDL.

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

4-D. Ophthalmics: Ophthalmic, Anti-Inflammatory (Blue); Ophthalmic, Immunomodulators (Dry Eye) (Red); Ophthalmic, Glaucoma Agents (Red); Ophthalmic, Antibiotics (Green); Ophthalmic, Antibiotics-Steroid Combination (Green); Ophthalmic, Allergic Conjunctivitis (Green)

Ophthalmic, Anti-Inflammatory (Blue Class)

There was no one present to give testimony.

Nina gave the disease state description for ophthalmic anti-inflammatory agents including corticosteroids and NSAIDs.

The FDA has expanded the use of Dextenza to include pediatric patients for the treatment of ocular inflammation and pain following ophthalmic surgery for adults and pediatric children and the treatment of ocular itching associated with allergic conjunctivitis in adults and pediatric patients two years of age and older. Indications, limitations, warnings, dosage, and availability were given.

Utilization was 92.8 percent in line with PDL.

Previous motion Dr. Doran-Atchison moved the drugs in the class were therapeutic alternatives. Seconded by Dr. Ryan. The motion passed unanimously.

VALERIE BIXLER MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. PHILLIPS. THE MOTION PASSED UNANIMOUSLY.

Ophthalmic, Immunomodulators (Dry Eye) (Red Class)

There was no one present who wished to give testimony.

Nina gave the disease state description for dry eye disease.

In May of 2025, the FDA approved Tryptyr, a 0.003 percent acoltremon ophthalmic solution. It is the first in class TRPM8 receptor agonist for the treatment of signs and symptoms of dry eye disease. Indications, limitations, warnings, dosage, and availability were given.

Utilization was 88.1 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives. Seconded by Dr. Doran-Atchison. The motion passed unanimously.

ANNA BRECHEISEN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. PHILLIPS. THE MOTION PASSED UNANIMOUSLY.

Ophthalmic, Glaucoma Agents (Red Class)

There was no one present wishing to give testimony.

Nina gave the disease state description for presbyopia.

In August of 2025, the FDA approved VIZZ, a 1.44 percent ophthalmic solution of aceclidine, for the treatment of presbyopia in adults. Indications, limitations, warnings, dosage, and availability were given.

The disease state description for glaucoma was given.

The FDA recently approved Zolymbus, a new preservative-free bimatoprost 0.01 percent ophthalmic gel for lowering intraocular pressure in patients with open-angle glaucoma or ocular hypertension. Indications, limitations, warnings, dosage, and availability were given.

And then Travatan Z was discontinued in March 2025.

In April, a new generic version of Vuity 1.25 percent ophthalmic solution was approved.

Utilization was 95.3 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives to include at least one drug from each subclass. Seconded by Anna Brecheisen. The motion passed unanimously.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY ANNA BRECHEISEN. THE MOTION PASSED UNANIMOUSLY.

Ophthalmic, Antibiotics (Green Class)

Utilization was 99 percent in line with PDL.

Previous motion was combined with the motion for the next category, ophthalmic, antibiotics-steroid combination.

Ophthalmic, Antibiotics-Steroid Combination (Green Class)

Utilization was 95.7 percent in line with PDL.

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

Ophthalmic, Allergic Conjunctivitis (Green Class)

Utilization was 92.9 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives. Seconded by Dr. Doran-Atchison. The motion passed unanimously.

DR. PHILLIPS MOVED THAT ALL OF THE GREEN CLASSES REMAIN IN EFFECT AS ORIGINALLY APPROVED. SECONDED BY ANNA BRECHEISEN. MOTION PASSED UNANIMOUSLY.

5. End of Public Meeting

6. Approval of Previous Meeting Minutes

MOTION BY * TO APPROVE THE MEETING MINUTES. SECOND BY *. MOTION PASSED UNANIMOUSLY.

7. Comments From Committee Members

8. Adjourn

MOTION TO ADJOURN BY Dr. Phillips.

THE NEXT MEETING WAS SCHEDULE FOR APRIL 17, 2026.