Alaska Medical Assistance DUR Committee Meeting Minutes

Friday, April 18th, 2025

Meeting was held telephonically at 1:03 PM.

Drug Utilization Review Committee Attendees

Members Present	Non-Members Present
Charles Semling, PharmD (DOH)	Ryan Ruggles, PharmD, MSHI (Prime Therapeutics)
Matt Parrott, PharmD (DOH)	Nina Huynh, PharmD, BCPS (Prime Therapeutics)
Charles Ryan, MD	
Robert Carlson, MD	
Valarie Bixler, PharmD	
Keri McCutcheon, RPh	Members Absent
Anna Brecheisen, PharmD	Claudia Phillips, MD
Casey Gokey, MD	

Call to order at 1:03 PM.

Matt Parrott started the meeting and reviewed the agenda for the meeting.

Review of minutes from January 2025

Matt Parrott reviewed the minutes from January 2025, and there were no comments for change.
Charles Ryan moved to approve the minutes and there was no opposition.

Overview of Medicaid Prescription and Cost Trends

Program trends were discussed with the committee regarding cost trends, and Matt Parrott mentioned that the cost per claim is up, so even when there were fewer claims, the cost was higher. Generic utilization and substitution were similar in the comparator time periods.

Spend for utilizers was shown and described for the committee. The trends are flat among the costs and utilizers. It was noted that percent of females utilizers was higher than the percent of male utilizers.

The top 10 categories were shown, and it was mentioned that the categories haven't changed in the last 3 meetings. Matt Parrott pointed out that GLP-1 utilization has driven the cost of the diabetic category spend. Specialty trend was highlighted as a driver of spend.

The top 25 reports were shown to the committee. It was pointed out that the albuterol and biologics use in asthma have increased in claim count. Pharmacy reimbursement was shown to the committee. It was noted that

the expensive items, and more GLP1 agents have continued to climb into the top 25. Stelara biosimilars are coming out and Matt Parrott is interested in seeing how it affects its place in this chart.

Prospective Drug Utilization Review/Clinical Topic Areas

New Prescription Medications (Interim PA List – 6 month review)

New items proposed for the interim PA list was presented to the committee.
Keri McCutcheon moved to approve the addition of the drug list.
Robert Carlson seconded.
No committee opposition.

New Prior Authorizations, Quantity Limits, Edits

Zymfentra criteria was presented to the committee. The committee questioned the denial criteria of including history malignancy. Matt Parrott did let the committee know that it would be handled on a case-by-case basis. He continued to describe the approval process for the call center. Another question was does this product reduce cost to the state. The state believes that it will result in cost reduction because there will be less waste, fewer patient visits, and that more adherent patients drive down cost due to better control of the disease states.
Keri McCutcheon moved to approve with no adjustments to the criteria.
Charles Ryan seconded.
No committee opposition.

Crenessity criteria was presented to the committee.
Charles Ryan moved to approve.
Casey Gokey seconded.
No committee opposition.

Symproic criteria was presented to the committee.
Anna Brecheisen moved to approve.
Charles Ryan seconded.
No committee opposition.

Opioid tables were reviewed with the committee. There have been very few changes, and the trends continue to move in a positive direction. Concomitant potentiator therapies were discussed. There were a relatively small number of claims in these categories. The top utilized opioids stayed similar as those in other meetings with the lower MME items being the most used. Looking at the top prescribers and the top pharmacies dispensing opioids is to gauge to if Alaska can absorb a loss if a prescriber or pharmacy leaves the area. Opioid ICD10 compliance remains over 70% and the state has commented on its success. Additionally, the average MME per days of supply dispensed has continued it's long down trend. Lastly, pharmacies that had dispensed more than 500 Rx in the last month, and had more than 3% of their Rx coming from opioids were shown to the committee. Matt Parrott commented that in this case the state was looking at this information to look to see if there may be any problems, however by looking at these they determined that there were no real concerns at this point in time.

FDA Label Changes/FAERS Reports

FDA Drug Safety Communication was reviewed regarding glatiramer highlighting the risk of anaphylaxis reactions.

FAERS reports were shown to the committee. The items that were highlighted were in cases where the FDA was taking action or that they determined action was warranted. The vast majority of notices were still in a determination phase.

Miscellaneous Items

Grandfathering removal agents were shown to the committee, and Matt Parrott described situations where the rules are causing disruptions in claims processing. He highlighted that these would be carefully deconstructed to minimize patient impact, but also improve the efficiency of the claims processing. It was also pointed out that most of the drugs do not have current utilization.

Adults on antipsychotics monitoring was reviewed with the committee. During this meeting the state discussed metabolic cascade prescribing for this patient cohort. Nothing in the tables were that different than what is already known regarding these medications.

Three different children on psychotropic medications monitoring were discussed with the committee. It was noted that the numbers are all very steady and don't change much from meeting to meeting.

Lastly the committee discussed the medication count for patients. Poly pharmacy was discussed, and it was commented that it is difficult to make actions on this information. The committee looked at the most common drugs that patients utilized when they were on 15 medications in one quarter. It was not very different than what we would expect given the top 20 medications used for the whole population. The committee was interested in targeting certain medications and attempting to identify medications that may not be needed still but were never deprescribed or that the medications are cascade prescribed for side effects of other medications.

End of Public Meeting

Adjournment 2:23 p.m.

Next meeting date is September 19th, 2025.