Alaska Medical Assistance DUR Committee Meeting Minutes

Friday, January 16th, 2026

Meeting was held telephonically and via Microsoft Teams Webinar 1:00 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)
Anna Brecheisen, PharmD	
Claudia Phillips, MD	
Valarie Bixler, PharmD	
Keri McCutcheon, RPh	Members Absent
	Robert Carlson, MD
	Charles Ryan, MD

Call to order at 1:02 PM.

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

Review of minutes from November 2025

Matt Parrott reviewed the minutes from November 2025, and there were no comments for change.
Claudia Phillips moved to approve the minutes, with a correction from the committee on the next meeting date.

Overview of Medicaid Prescription and Cost Trends

Program trend snapshot was shown to the committee. It was commented that December has a higher expenditure, and we were uncertain why that occurs. Claims count was slightly lower, but the cost per claim was higher. This drove the cost increase. There was also a higher percentage of utilizers. The annual trend chart demonstrates this same trend.

Top 10 categories were shown, and it was mentioned that the miscellaneous category is a large cost and it is due to the medication categories in there that tend to be low use but high-cost medications (cystic fibrosis, hemophilia, etc.). Categories by claim count were shown, and it was commented that antidepressant claim count increases in the winter.

Top 25 reports were shown to the committee. Claim count ranking seems to stay very standard meeting to meeting. Pharmacy reimbursement rankings were shown, and Ozempic has maintained the top spot with Humira being second. Some of the medications in this list have had a slightly bigger swing, but overall, it has

remained consistent. Net Net Expenditures rankings were reviewed with the committee. It was noted that the cost per claim can move this list around quite a bit. Additionally, if you combined the Dupixent ranked 5 and 6, it would easily be the top rank.

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.
Claudia Phillips moved to approve the addition of the drug list.
No committee opposition.

New Prior Authorizations, Quantity Limits, Edits

Ebglyss criteria was presented to the committee.
Anna Brecheisen moved to approve.
No committee opposition.

Anzupgo criteria was presented to the committee.
Claudia Phillips moved to approve.
No committee opposition.

Jacayd criteria was presented to the committee.
Anna Brecheisen and Keri Mccutcheon moved to approve.
No committee opposition.

Rhapsido criteria was presented to the committee.
Claudia Phillips moved to approve.
Keri Mccutcheon seconded.
No committee opposition.

Review and revision of existing Imcivree criteria was presented to the committee. Matt Parrott focused on the updates for this criteria while reviewing it.
Anna Brecheisen moved to approve.
Keri Mccutcheon seconded.
No committee opposition.

Opioid tables were reviewed with the committee. The trends in all the tables have remained consistent with previous meetings. Matt Parrott pointed out that most patients are being managed effectively on short acting opioids. Some of the increases in the higher MME categories were specifically oncology patients. The amount of co-prescribing with benzodiazepine numbers has remained very small. Matt Parrott pointed out that a lot of inappropriate use was reduced with the arrival of the PDMP years ago. For new starts, it was pointed out that the majority of patients start at <30 mme and <7 days, with a few patients receiving initial treatment for >7 days which is expected as there are some times that it is not appropriate to limit initial treatment to 1 week, and it demonstrates that the override process is working. The absence of those claims would also indicate a problem. For the opioid trend report by year, it will likely level off where it is due to patients requiring an effective dose

for their treatments. Member count by prescriber location and pharmacy location for opioid patients were displayed for the committee. It was highlighted that the absence of a finding is also a good finding.

FDA Label Changes/FAERS Reports

FAERS report was shown, and Elyvidis was pointed out that the liver injury was not unexpected given the information available at the time of release.

The FDA drug safety communication regarding GLP-1 RA medications did not find any risk of suicidal behavior with their use.

Miscellaneous Topics

Standard reports for CMS requirements for monitoring children on psychotropics and antipsychotics data was shown to the committee. The children on psychotropics monitoring was discussed with the committee. The data mirrors what we have seen before. Matt Parrot commented on the fact that it was so consistent even though children age out of these cohorts. The state does refer patients to second level review when appropriate.

Adults on antipsychotics comparing long acting injectables, location and compliance was shown to the committee. We did not see a lot of differences, which was surprising. There was discussion on why the long-acting injectable people may not be more compliant, but it was a small number of utilizers. The medical visits were shown, and it was pointed out that the breakdown doesn't necessarily show a difference in medical visit count but may be counting each different lab appointment, medical visit, etc. as separate, especially if they are on different days of the same month but related to the same appointment may skew the data. Overall, the committee was surprised that the long-acting injectable utilizers did not have a noticeably higher rate of compliance than the non long-acting injectable users.

End of Public Meeting

Adjournment 2:23 p.m.

Next meeting date April 17th, 2026.