Alaska Medical Assistance DUR Committee Meeting Minutes

Friday, September 19th, 2025

Meeting was held telephonically and via Microsoft Teams at 1:00 PM.

Drug Utilization Review Committee Attendees

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

Call to order at 1:03 PM

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

Review of minutes from April 2025

Matt Parrott reviewed the minutes from April 2025, and there were no comments for change. Charles Ryan moved to accept the minutes. Claudia Phillips Seconded. There was no opposition.

Overview of Medicaid Prescription and Cost Trends

Pharmacy cost trends were shown. It was commented that from this time last year, there was a lower claim count, but each claim was more expensive. The charts demonstrated an oscillation of cost each month, and speculation was perhaps the 90-day fill cycle contributes.

Top 10 categories were shown, and it was mentioned that there was not a lot of change among the classes. Cost and counts were demonstrated in two different tables, one by cost and one by claim count.

Top 25 reports were shown to the committee. Products by quarterly claims count moved very little in the rankings, but most agents moved within three places. There was a little more volatility when it was broken down by pharmacy reimbursement. It was noted that some items change significantly with small changes in script count due to the high cost of the medication. It was noted that Ozempic has replaced Humira as the number one cost for Pharmacy reimbursement which is not indicative of actual program outflows when all other factors are considered.

Highlights from the annual medical and pharmacy report were reviewed with the committee. This report looks at national trends and not just Medicaid, it includes Medicare and commercial payors as well. Through various slides it was demonstrated that this program's impact from high dollar claims is disproportionate to other payer types. This is due to the fact that they cannot mitigate cost as other programs have the ability to do. Oncology

treatment is a large driver of overall spend. Biosimilar utilization was discussed with the committee. Other benefits from biosimilars extend outside of cost containment were presented to the committee. Availability and predictability of products was especially highlighted for the committee.

Prospective Drug Utilization Review/Clinical Topic Areas

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

New items proposed for the interim PA list were presented to the committee.
The committee asked about tariffs and if there has been a program impact so far. As of yet, they have not impacted the program, and it was pointed out that many pharmaceuticals are exempt from tariffs.
Keri McCutcheon moved to approve the addition of the drug list.
Claudia Phillips seconded.
No committee opposition.

New Prior Authorizations, Quantity Limits, Edits

Andembry criteria was presented to the committee.
Charles Ryan moved to approve.
Claudia Phillips seconded.
No committee opposition.

Ekterly criteria was presented to the committee.
Keri McCutcheon moved to approve.
Claudia Phillips seconded.
No committee opposition.

The updated CGRP antagonists criteria was presented to the committee.
Claudia Phillips moved to approve.
Charles Ryan seconded.
No committee opposition.

The updated Dupixent criteria was presented to the committee.
Charles Ryan moved to approve.
Claudia Phillips seconded.
No committee opposition.

The updated Interleukin-5 criteria was presented to the committee.
Claudia Phillips moved to approve.
Charlse Ryan seconded.
No committee opposition.

The updated VMAT 2 inhibitors criteria was presented to the committee.
Claudia Phillips moved to approve.
Anna Brecheisenseconded.
No committee opposition.

Biosimilar products were discussed with the committee. The committee discussed reasons to include biosimilars on clinical criteria to require a step through a preferred agent. The state demonstrated that there is a cost perspective as well as a supply chain perspective to consider. It was made clear that when agents have different age ranges and indications that would be taken into account as far as step-through requirements are concerned. Multiple points were made whether or not that this approach would be acceptable. The thought that making it through FDA approval is quite a feat in itself. The countering position is that these are not exactly generics and that having as much information as possible prior to implementing a biosimilar step-through into our criteria could be beneficial. Discussion of reference products and the fact that drug information changes over time were highlighted by the committee. The committee was concerned about the age range substitutions. The FDA interchangeability certification is determined by the manufacturer choosing to apply for that certification and completing additional studies. The committee determined that they would like to see preferred biosimilars as determined by the P&T committee would be presented prior to adding them to criteria. It was pointed out that the two different committees utilize different lenses. The committee decided that likely it will only be a couple of items at each meeting and that they would like to see the changes of criteria as the changes are made. When there is less variability, P&T determines preferred agents and then DUR determines if the step through is appropriate.

Opioid tables were reviewed with the committee. Matt Parrott started by saying that there are not a lot of changes in the tables and most of the positive trends have held. It was noted how helpful the PDMP has been to allow visibility to prescribers and pharmacies if patients are seeing more than one provider or using more than one pharmacy. Matt Parrott demonstrated the effectiveness of the new start edits and elaborated on instances where it is appropriate for patients to receive a higher quantity or days of supply.

FDA Label Changes/FAERS Reports

Matt Parrott discussed FDA safety communications with the committee. There were six different communications highlighted for the committee. Of note the FDA has recommended an earlier MRI in the use of Leqembi. Opioid pain medicine is being investigated for long term use by the FDA. The FDA has made a statement referring to children using extended release stimulants. The guidance was to discuss immediate release versus extended release with the parent.

There were few FAERS reports this meeting, and the vast majority of them are still being reviewed by the FDA.

Miscellaneous DUR Section

Neuroleptic medication use in children was discussed with the committee. It was highlighted that the relative number of OCS to Non-OCS patients is relatively small.

Adults' utilization on antipsychotics graphs were shown to the committee as part of a CMS requirement. CMS has not spelled out exactly what they want from the program. Until at which point that they do define what they want monitored, we look at a different aspects each meeting. This meeting was focused on percentage of population, prescriber, stable medication, and patient adherence. It was noted that there are some specialties that don't seem to make sense but prescribers changing locations or specialty don't always update their taxonomy with the state.

End of Public Meeting

Adjournment 3:00 p.m.

Next meeting date November 21st, 2025.