Alaska Medical Assistance DUR Committee Meeting Minutes

Friday, April 17th, 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)
Charles Ryan, MD	
Robert Carlson, MD	
Valarie Bixler, PharmD	Members Absent
Keri McCutcheon, RPh	Anna Brecheisen, PharmD
Casey Hamon, PharmD	Claudia Phillips, MD

Call to order at 1:00 PM.

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

Review of minutes from January 2026

Matt Parrott reviewed the minutes from January 2026, and there were no comments for change. Charles Ryan moved to accept the minutes. There was no opposition.

Overview of Medicaid Prescription and Cost Trends

Program Trend Snapshot stayed similar, with generic utilization being highlighted during this meeting as being a good number and it looks good even when comparing us to other programs.

Top 10 therapeutic classes were shown, and it was mentioned that miscellaneous drug category is the highest in total paid amount again. This is due to the cost of the medications that don't fall into other categories. Many of these have few claims and are high cost. Top 10 by claim count has not changed or changed very little over the years.

Top 25 reports were shown to the committee. The top 25 by claims count was mentioned that it is quite stable. For the past several quarters, Ozempic has been the highest by pharmacy reimbursement. The top 5 seem to shuffle slightly but remain stable. On the top 25 by net net expenditures, it was noted that the biosimilars have shifted Stelara from the 4th place to the 17th place, and the program is excited to see the cost savings from other biosimilars.

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.
Keri McCutcheon moved to approve the addition of the drug list.
Charles Ryan seconded.
No committee opposition.

New Prior Authorizations, Quantity Limits, Edits

Myqorzo criteria was presented to the committee.
Charles Ryan moved to approve.
Keri McCutcheon seconded.
No committee opposition.

Redemplo criteria was presented to the committee.
Charles Ryan moved to approve.
Keri McCutcheon seconded.
No committee opposition.

Rezdiffra criteria was presented to the committee. This was approved on an accelerated pathway, and over time we will see where this medication's role in therapy develops.
Charles Ryan moved to approve.
Keri McCutcheon seconded.
No committee opposition.

Voyxact criteria was presented to the committee. This was approved on an accelerated pathway, and over time we will see where this medication's role in therapy develops.
Keri McCutcheon moved to approve.
No committee opposition.

Yorvipath criteria was presented to the committee.
Robert Carlson moved to approve.
No committee opposition.

Updated Growth Hormone criteria was presented to the committee. This was brought to bring up the criteria to the FDA label with new indications, and so the state could redo the tables for regulatory compliance for disabled individuals. The criteria is mostly unchanged.
Charles Ryan moved to approve.
No committee opposition.

Updated PCSK9 inhibitor criteria was presented to the committee. The criteria was updated for the new indications.
Charles Ryan moved to approve.
No committee opposition.

Opioid patient review tables were reviewed with the committee. There were no substantive changes from other meetings. It was noted that these are only claims that were paid by Alaska Medicaid. It was noted that having fewer than 20 patients on <200 MME is a good number for a program such as Alaska Medicaid. Matt Parrott mentioned that due to supply chain issues there have been more patients that have utilized more than 1 pharmacy. Top 20 opioids by claim count has remained steady. Physiological tolerance was briefly discussed and acknowledged that this can be the cause of dose escalation. The opioid MME per Days of supply chart has finally leveled off around 34 to 35 MME. MME levels can only go so low and still be useful for the patient's treatment, so this would be expected.

FDA Label Changes/FAERS Reports

FAERS report (now called AEMS) had a single item where the FDA had taken action, and the rest were in an evaluation stage.

The committee was shown two drug safety communications: FDA warning about vitamin B6 deficiency and associated seizures for drug products containing carbidopa and levodopa was shared with the committee; and FDA identifies cases of serious liver injury in patients taking Tavneos for severe active anti-neutrophil cytoplasmic autoantibody-associated vasculitis. There was no discussion of note regarding these articles.

Miscellaneous

Children on psychotropic medications was discussed with committee. Second level review is used for these patients to ensure that they are getting necessary follow-up care. The patient counts tend to be fairly low for these patient populations. It was noted that methylphenidate, guanfacine, and aripiprazole for patients on combos with more psychotropic medications.

Adults on antipsychotics were discussed with the committee. For this meeting we looked at patients on antipsychotics and if they were on stimulants, sleep aids, or benzodiazepines. Additionally, we looked at adherence rates. The combinations with controlled substances and adults on antipsychotics demonstrated most concomitant uses are benzodiazepines and z-drugs. For patients that were stable on their medications, they were found to be distributed closely to the overall medication utilization rates. There was a brief discussion that auto-fill systems may be driving some of the observed adherence rates among medication utilization due to using paid claims.

End of Public Meeting

Adjournment 2:20 p.m.

Next meeting date September 18th, 2026.