

Meeting Summary

Alabama Medicaid Agency Pharmacy and Therapeutics (P&T) Committee

August 5, 2020

Members Present: Dr. Lee Carter (Vice-Chairperson), Dr. Kimberly Graham, Dr. Albert Holloway, Dr. Peter Hughes, Dr. Frances Heinze (Chairperson), Dr. Kelli Littlejohn Newman, Dr. Melinda Rowe, and Dr. Robert Smith

Members Absent: Dr. Amanda Williams

ACHN Regions Present via Teleconference: All present

Presenters: Dr. Thomas Pomfret

Chairperson Heinze called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 9:05 a.m. The minutes from the May 6, 2020 P&T Committee Meeting were approved with no objections. There was no old business.

Pharmacy Program Update:

Dr. Newman stated that Alabama Medicaid is working within the Medicaid building with precautions and under the constructs of the Governor's Orders. All Covid-19 allowances have been extended until August 31, 2020 and subsequent updates will be in compliance with the Governor's Orders. Alabama Medicaid is beginning budget planning and will be evaluating and assessing the implications of the Covid-19 pandemic entering into the next fiscal year.

Pharmacotherapy Class Re-reviews (Please refer to the website for full text reviews.)

University of Massachusetts Medical School Clinical Pharmacy Services presented 13 drug class re-reviews. The centrally acting skeletal muscle relaxants, direct-acting skeletal muscle relaxants, GABA-derivative skeletal muscle relaxants, miscellaneous skeletal muscle relaxants, opiate agonists, opiate partial agonists, selective serotonin agonists, antihistamine antiemetics, 5-HT₃ receptor antagonist antiemetics, neurokinin-1 receptor antagonists (NK1) receptor antagonist antiemetics, miscellaneous antiemetics, and proton-pump inhibitors were last reviewed in May 2018. The Calcitonin Gene-related Peptide (CGRP) Antagonists were last reviewed in May 2019.

- A. For the following therapeutic classes, it was determined that all brand products within the class reviewed were comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use.
- Direct-Acting Skeletal Muscle Relaxants: AHFS 122008
 - GABA-Derivative Skeletal Muscle Relaxants: AHFS 122012
 - Skeletal Muscle Relaxants, Miscellaneous: AHFS 122092
 - Selective Serotonin Agonists: AHFS 283228

- Antiemetics, Antihistamines: AHFS 562208
- Antiemetics, 5-HT₃ Receptor Antagonists: AHFS 562220
- Antiemetics, Neurokinin-1 Receptor Antagonists: AHFS Class 562232
- Antiemetics, Miscellaneous: AHFS 562292
- Proton-Pump Inhibitors: AHFS 562836
- Calcitonin Gene-Related Peptide (CGRP) Antagonists: AHFS Class 283212

Recommendation: No brand agent is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost-effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

- B. For the centrally acting smooth muscle relaxants pharmacotherapy class re-review, it was noted there is insufficient evidence to support that one brand centrally acting skeletal muscle relaxant is safer or more efficacious than another. Due to the potential risk of abuse, carisoprodol and carisoprodol-containing products should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand centrally acting skeletal muscle relaxants within the class reviewed are comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use.

Recommendation: No brand centrally acting skeletal muscle relaxant is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost-effective products and possibly designate one or more preferred brands.

Carisoprodol and carisoprodol-containing products should not be placed in preferred status regardless of cost.

Amendment: None

Vote: Unanimous to approve as recommended

- Centrally Acting Skeletal Muscle Relaxants: AHFS 122004

- C. For the opiate agonists there is insufficient evidence to support that one brand opiate agonist is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process. Methadone should be managed through the medical justification portion of the prior authorization process due to the potential risk of abuse and overdose, the known complexities with appropriately prescribing this medication, and the guideline recommendations for not using this medication as a first-line agent.

Therefore, all brand opiate agonists within the class reviewed are comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use.

Recommendation: No brand opiate agonist is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Methadone should not be placed in preferred status regardless of cost.

Amendment: None

Vote: Unanimous to approve as recommended

- Opiate Agonists: AHFS 280808

- D. For the opiate partial agonists there is insufficient evidence to support that one brand opiate partial agonist is safer or more efficacious than another. Due to the potential risk of abuse, buprenorphine and buprenorphine and naloxone should be managed through the medical justification portion of the prior authorization process. Approval should only be granted for patients with a diagnosis of opioid dependence. Treatment should only be prescribed by a licensed physician who qualifies for a waiver under the Drug Addiction Treatment Act (DATA) and has notified the Center for Substance Abuse Treatment of the intention to treat addiction patients and has been assigned a DEA (X) number.

Therefore, all brand opiate partial agonists within the class reviewed are comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use.

Recommendation: No brand opiate partial agonist is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

No brand or generic buprenorphine containing product should be placed in preferred status. Alabama Medicaid may accept cost proposals from manufacturers to designate one or more preferred agents. Preferred agents may be managed through the preferred with clinical criteria program.

Amendment: None

Vote: Unanimous to approve as recommended

- Opiate Partial Agonists: AHFS 280812

Miscellaneous Items:

The next P&T Committee Meeting is scheduled for November 4, 2020 at the Medicaid Building in the Commissioner's Board Room. Dr. Newman inquired whether the committee members would be amenable to the 2021 P&T Meetings being scheduled at 1:00pm; all in attendance indicated they would be able to meet for the 2021 meetings at that time. There being no further business, Dr. Carter moved to adjourn and Dr. Hughes seconded. The meeting adjourned at 10:03 a.m.

Respectfully submitted,



08/05/2020

Thomas Pomfret, PharmD, MPH, BCPS

Date