

Minutes of Meeting

Alabama Medicaid Agency Pharmacy and Therapeutics Committee

February 5, 2020

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

Members Absent: Dr. Kimberly Graham, Dr. Frances Heinze (Chairperson), Dr. Ramakanth Vemuluri, and Dr. Amanda Williams

Health Home/Probationary RCO Pharmacists Present via Teleconference: Lydia Rather, Allana Alexander, Evan Boyett, Lacey Nelson, Kristin Kennamer, Lisa Lewis, and Emily Arnold

Presenters: Dr. Rachel Bacon

Presenters Present via Teleconference: None

1. OPENING REMARKS

Vice-Chairperson Carter called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 9:10 a.m.

2. APPROVAL OF MINUTES

Vice-Chairperson Carter asked if there were any corrections to the minutes from the November 6, 2019 P&T Committee Meeting.

There were no objections. Dr. Hughes made a motion to approve the minutes as presented and Dr. Smith seconded to approve the minutes. The minutes were unanimously approved.

3. PHARMACY PROGRAM UPDATE

Dr. Newman welcomed Dr. Albert Holloway to the P&T Committee. Dr. Holloway is a physician specializing in pediatrics. Governor Ivey gave her State of the State address last night during which she mentioned state budgets. The Alabama Coordinated Health Networks (ACHN) are up and running, and they are beginning to start their reporting processes. The state has received a planning grant to research substance abuse treatment provider capacity. The opioid edits continue to go into effect, with the next phase being implemented on April 1st.

4. ORAL PRESENTATIONS BY MANUFACTURERS/MANUFACTURERS' REPRESENTATIVES

Five-minute verbal presentations were made on behalf of pharmaceutical manufacturers. The process and timing system for the manufacturers' oral presentations were explained. The drugs and corresponding manufacturers are listed below with the appropriate therapeutic class. There was a total of one manufacturer verbal presentation at the meeting.

5. PHARMACOTHERAPY CLASS RE-REVIEWS (Please refer to the website for full text reviews.)

The pharmacotherapy class reviews began at approximately 9:16 a.m. There were a total of 18 drug class re-reviews. The central alpha-agonists; direct vasodilators; peripheral adrenergic inhibitors; hypotensive agents, miscellaneous; alpha-adrenergic blocking agents; beta-adrenergic blocking agents; dihydropyridines; calcium-channel blocking agents, miscellaneous; angiotensin-converting enzyme inhibitors; angiotensin II receptor antagonists; mineralocorticoid (aldosterone) receptor antagonists; renin inhibitors; loop diuretics; potassium-sparing diuretics; thiazide diuretics; thiazide-like diuretics; vasopressin antagonists; and diuretics, miscellaneous were last reviewed in November 2017. Nuzyra[®] is being reviewed as a new drug.

Central alpha-agonists, AHFS 240816

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the central alpha-agonists included in the review are listed in Table 1 on page 7. They are approved for the treatment of hypertension and all of the agents are available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

Therefore, all brand central alpha-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.

No brand central alpha-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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Direct vasodilators: AHFS 240820

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the direct vasodilators are approved for the treatment of heart failure and hypertension. The direct vasodilators included in the review are listed in Table 1 on page 45. Hydralazine and minoxidil are available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

Therefore, all brand direct vasodilators 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. The fixed-dose combination of isosorbide dinitrate and hydralazine (BiDil®) should be available through the existing medical justification portion of the prior authorization process as an adjunct to standard heart failure therapy in self-identified black patients.

No brand direct vasodilator 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Peripheral adrenergic inhibitors: AHFS 240832
Manufacturer comments on behalf of these products:
None

Dr. Bacon stated that currently, there are no drugs classified by AHFS as peripheral adrenergic inhibitors. No brand peripheral adrenergic inhibitor is recommended for preferred status. Alabama Medicaid should continue to include this AHFS Class in the PDL screening process. If new outpatient peripheral adrenergic inhibitors are added, it is recommended that this class be re-reviewed at that time.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Hypotensive agents, miscellaneous: AHFS 240892
Manufacturer comments on behalf of these products:
None

Dr. Bacon stated that mecamlamine is currently the only covered agent in the miscellaneous hypotensive agents. The miscellaneous hypotensive agents are not included in the treatment guidelines and there are no specific recommendations for this drug.

Although the clinical literature reports that mecamlamine is effective for the management of moderate-to-severe hypertension, its clinical utility is minimal due to its adverse events profile and the availability of newer and more effective agents. Current hypertension treatment guidelines do not mention mecamlamine as a first-line or alternative agent for the treatment of hypertension. Therefore, all brand miscellaneous hypotensive agents 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.

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

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Alpha-adrenergic blocking agents: AHFS 242000

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the alpha-adrenergic blocking agents are listed in Table 1 on page 96 and are approved for the treatment of benign prostatic hyperplasia and hypertension. All agents in the class are available in a generic dosage form and Cardura XL[®] is only available as a branded agent. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

There is insufficient evidence to support that one brand alpha-adrenergic blocking agent 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.

Therefore, all brand alpha-adrenergic blocking agents 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.

No brand alpha-adrenergic blocking 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Beta-adrenergic blocking agents: AHFS 242400

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the beta-adrenergic blocking agents that are included in the review are listed in Table 1 on page 167. All of the agents are available in a generic formulation, with the exception of nebivolol and penbutolol. Metoprolol is available in a new extended-release sprinkle formulation dosage form under the brand name Kapsargo Sprinkle[®]. The Clinical Practice Guideline for the Management of Infantile Hemangiomas was published in January 2019 and recommends the use of oral propranolol as the first-line agent for the treatment. The oral solution formulation of propranolol, under the brand name Hemangeol[®], is the first agent to gain FDA-approval for this indication.

There is insufficient evidence to support that one brand beta-adrenergic blocking agent 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.

Therefore, all brand beta-adrenergic blocking agents 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.

No brand beta-adrenergic blocking 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Dihydropyridines: AHFS 242808

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the dihydropyridines included in this review are listed in Table 1 on page 343. Since the last review, amlodipine has been FDA-approved in a suspension dosage formulation, under the brand name Katerzia®. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

There is insufficient evidence to support that one brand dihydropyridine 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.

Therefore, all brand dihydropyridines 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.

No brand dihydropyridine 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Calcium-channel blocking agents, miscellaneous: AHFS 242892

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the miscellaneous calcium-channel blocking agents include diltiazem and verapamil which are approved for the treatment of angina, arrhythmias, and hypertension. There have been no major changes in the prescribing information, treatment guidelines, or clinical trials since the last time the class was reviewed.

Therefore, all brand miscellaneous calcium-channel blocking agents 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.

No brand miscellaneous calcium-channel blocking 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Angiotensin-converting enzyme inhibitors: AHFS 243204

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the ACE (angiotensin-converting enzyme) inhibitors included in this review are listed in Table 1 on page 557. All of the products are available in a generic formulation, many in combinations with hydrochlorothiazide or verapamil. There have been no major changes in the prescribing information, treatment guidelines, or clinical trials since the last time the class was reviewed.

There is insufficient evidence to support that one brand angiotensin-converting enzyme inhibitor 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.

Therefore, all brand angiotensin-converting enzyme inhibitors 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.

No brand angiotensin-converting enzyme inhibitor 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Angiotensin II receptor antagonists: AHFS 243208

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the angiotensin II receptor antagonists (ARBs) included in this review are listed in Table 1 on page 698. All single entity products with the exception of azilsartan are available generically. Fixed-dose combination products are available in a generic formulation with the exception of azilsartan-chlorthalidone. There have been no major changes in the prescribing information, treatment guidelines, or clinical trials since the last time the class was reviewed.

At this time, there is insufficient evidence to conclude that the angiotensin II receptor antagonists offer a significant clinical advantage over other alternatives in general use. Therefore, all brand angiotensin II receptor antagonists 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.

No brand angiotensin II receptor antagonist 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Mineralocorticoid (aldosterone) receptor antagonists: AHFS 243220

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the mineralocorticoid (aldosterone) receptor antagonists that are included in this review are listed in Table 1 on page 851. All of the agents are available in a generic formulation. An oral suspension formulation of spironolactone has become available under the brand name Carospir®. There have been no major changes in the prescribing information, treatment guidelines, or clinical trials since the last time the class was reviewed.

There is insufficient evidence to support that one brand mineralocorticoid (aldosterone) receptor antagonist 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.

Therefore, all brand mineralocorticoid (aldosterone) receptor antagonists 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.

No brand mineralocorticoid (aldosterone) receptor antagonist 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

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Renin inhibitors: AHFS 243240

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the renin inhibitors that are included in this review are listed in Table 1 on page 947. Aliskiren is available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical trials since the last time the class was reviewed.

At this time, there is insufficient evidence to conclude that the renin inhibitors offer a significant clinical advantage over other alternatives in general use. Therefore, all brand renin inhibitors 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.

No brand renin inhibitor 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Loop diuretics: AHFS 402808

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the loop diuretics included in this review are listed in Table 1 on page 1010. All agents are available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical trials since the last time the class was reviewed.

There is insufficient evidence to support that one brand loop diuretic 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.

Therefore, all brand loop diuretics 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.

No brand loop diuretic 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Potassium-sparing diuretics: AHFS 402816

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the potassium-sparing diuretics included in this review are listed in Table 1 on page 1068. All of the products are available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical trials since the last time the class was reviewed.

There is insufficient evidence to support that one brand potassium-sparing diuretic 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.

Therefore, all brand potassium-sparing diuretics 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.

No brand potassium-sparing diuretic 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Thiazide diuretics: AHFS 402820

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the thiazide diuretics included in this review are listed in Table 1 on page 1119. This review encompasses all dosage forms and strengths. All of the agents are available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical trials since the last time the class was reviewed.

There is insufficient evidence to support that one brand thiazide diuretic 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.

Therefore, all brand thiazide diuretics 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.

No brand thiazide diuretic 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Thiazide-like diuretics: AHFS 402824

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the thiazide-like diuretics included in this review are listed in Table 1 on page 1199. All of the agents are available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical trials since the last time the class was reviewed.

There is insufficient evidence to support that one brand thiazide-like diuretic 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.

Therefore, all brand thiazide-like diuretics 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.

No brand thiazide-like diuretic 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Vasopressin antagonists: AHFS 402828

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the vasopressin antagonists that are included in this review are listed in Table 1 on page 1253. Tolvaptan is now also available under the brand name Jynarque[®], which is indicated to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD). ADPKD is a hereditary disease characterized by renal cysts that are visible by ultrasonographic imaging studies. Patients with ADPKD can present with hypertension, hematuria, proteinuria, or kidney function impairment, detected by routine laboratory examinations. Flank pain is the most common symptom reported by patients. ADPKD slowly progresses to chronic kidney disease and ultimately end-stage renal disease. Safety and efficacy of Jynarque[®] were established in two phase III trials, treating almost 3,000 adult patients with early and late stage ADPKD. Tolvaptan slowed the increase in total kidney volume and decreased ADPKD-related events, including deterioration of kidney function and pain, as compared to placebo. Guidelines for the use of tolvaptan in ADPKD are limited, but the Updated Canadian Expert Consensus on Assessing Risk of Disease Progression and Pharmacological Management of ADPKD does suggest using tolvaptan in line with the FDA-approved indication.

There is insufficient evidence to conclude that tolvaptan offers a significant clinical advantage over other alternatives in general use. Since tolvaptan is not indicated as first-line therapy for the management of hyponatremia, it should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand vasopressin antagonists 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.

No brand vasopressin antagonist 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.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

Diuretics, miscellaneous: AHFS 402892

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that there are no drugs available in the miscellaneous diuretics class.

No brand miscellaneous diuretic is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 402892 in the PDL screening process. If new outpatient miscellaneous diuretics are added, it is recommended that this class be re-reviewed at that time.

There were no further discussions on the agents in this class. Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

New Drug Pharmacotherapy Review: Nuzyra® (Tetracyclines: AHFS Class 081224)

Manufacturer comments on behalf of these products:

Nuzyra® - Paratek

Dr. Bacon stated that the Nuzyra® review begins on page 1280. Omadacycline is not available in a generic formulation. Nuzyra® (omadacycline) is a novel aminomethylcycline tetracycline that binds to the 30S ribosomal subunit and blocks protein synthesis. It has a novel mechanism that allows it to bind with a greater potency than other tetracyclines and has activity against skin and pneumonia pathogens. Omadacycline is FDA-approved for the treatment of adult patients with community-acquired bacterial pneumonia (CABP) and acute bacterial skin and skin structure infections (ABSSSI). In the OPTIC trial that analyzed CABP patients, omadacycline was shown to have a similar clinical success rate as moxifloxacin. In both the OASIS-I and OASIS-II trials that analyzed ABSSSI patients, omadacycline was shown to have similar clinical success rate at early clinical response at 48 to 72 hours after the first dose as linezolid.

The drug(s) in this review are used in a specific patient population. Because very specific criteria must be met prior to initiating therapy and omadacycline is not currently included in treatment guidelines for CABP and ABSSSI this agent should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand omadacycline agents 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.

No brand omadacycline product 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.

Vice-Chairperson Carter asked the P&T Committee members to mark their ballots.

6. RESULTS OF VOTING ANNOUNCED

The results of voting for each of the therapeutic classes were announced; all classes were approved as recommended. Results of voting are described in the Appendix to the minutes.

7. NEW BUSINESS

There was no new business.

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for May 6, 2020 at the Medicaid Building in the Commissioner's Board Room.

9. ADJOURN

There being no further business, Dr. Hughes moved to adjourn and Dr. Smith seconded. The meeting adjourned at 9:47 a.m.

Appendix

RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
February 5, 2020

- A. **Recommendation:** No brand central alpha-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.

Amendment: None

Vote: Unanimous to approve as recommended

M. P. Rine, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Kathy Hery Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

- B. **Recommendation:** No brand direct vasodilator 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

M. P. Rine, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Kathy Hery Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

C. Recommendation: No brand peripheral adrenergic inhibitor is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 240832 in the PDL screening process. If new outpatient peripheral adrenergic inhibitors are added, it is recommended that this class be re-reviewed at that time.

Amendment: None

Vote: Unanimous to approve as recommended

M. Rowe, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Nathaly Kelly Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

M. Rowe, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Nathaly Kelly Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

E. Recommendation: No brand alpha-adrenergic blocking 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

M. Rowe, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Patricia Kelly Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

F. Recommendation: No brand beta-adrenergic blocking 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

M. Rowe, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Patricia Kelly Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

G. Recommendation: No brand dihydropyridine 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

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

 Approve Approve as amended Disapprove No action
Commissioner

H. Recommendation: No brand miscellaneous calcium-channel blocking 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

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

 Approve Approve as amended Disapprove No action
Commissioner

I. Recommendation: No brand angiotensin-converting enzyme inhibitor 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

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

 Approve Approve as amended Disapprove No action
Commissioner

J. Recommendation: No brand angiotensin II receptor antagonist 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

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

 Approve Approve as amended Disapprove No action
Commissioner

K. Recommendation: No brand mineralocorticoid (aldosterone) receptor antagonist 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

M. Spivey, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Kathy Kelly Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

L. Recommendation: No brand renin inhibitor 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

M. Spivey, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Kathy Kelly Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

M. Recommendation: No brand loop diuretic 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

M. Rowe, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

N. Recommendation: No brand potassium-sparing diuretic 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

M. Rowe, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

O. Recommendation: No brand thiazide diuretic 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

M. Rowe, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Ruthy Gull Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

P. Recommendation: No brand thiazide-like diuretic 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

M. Rowe, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Ruthy Gull Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

Q. Recommendation: No brand vasopressin antagonist 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

M. Rowe, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Nathaly Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

R. Recommendation: No brand miscellaneous diuretic is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 402892 in the PDL screening process. If new outpatient miscellaneous diuretics are added, it is recommended that this class be re-reviewed at that time.

Amendment: None

Vote: Unanimous to approve as recommended

M. Rowe, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Nathaly Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

S. **Recommendation:** No brand omadacycline product 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

M. Rowe, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Nathaly Abell Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

Respectfully submitted,

Rachel Bacon

02/11/2020

Rachel Bacon, Pharm.D.

Date