

Minutes of Meeting

**Alabama Medicaid Agency
Pharmacy and Therapeutics 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

1. OPENING REMARKS

Chairperson Heinze called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 9:05 a.m.

2. APPROVAL OF MINUTES

Chairperson Heinze asked if there were any corrections to the minutes from the May 6, 2020 P&T Committee Meeting.

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

3. 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.

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 was explained. The drugs and corresponding

manufacturers are listed below with the appropriate therapeutic class. There was a total of four 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 9:30 a.m. There were a total of 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, 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.

Calcitonin Gene-Related Peptide (CGRP) Antagonists: AHFS Class 283212

Manufacturer comments on behalf of these products:

Ajovy[®] - Teva Pharmaceuticals

Nurtec ODT[®] - Biohaven Pharmaceuticals

Ubrelvy[®] - Allergan

Dr. Pomfret commented that the calcitonin gene-related peptide (CGRP) antagonists included in this review are listed in Table 1 on page 720. No agents are available in a generic formulation. Erenumab, fremanezumab, and galcanezumab are all indicated for the *preventive* treatment of migraine in adults. Since the last review, two oral CGRP antagonists have been approved. Ubrelvy[®] (ubrogepant) is a tablet and Nurtec ODT[®] (rimegepant) is an orally disintegrating tablet for sublingual use; both agents are indicated for the *acute* treatment of migraine with or without aura in adults. Additionally, Galcanezumab (Emgality[®]) has gained approval for the treatment of episodic cluster headache in adults.

Currently, the oral CGRP inhibitors have not been compared in head-to-head trials. Data comparing these agents with placebo have shown proportion of patients who were pain free at two hours following initial dose to range from 19.2 to 21.8% in the experimental groups and 10.9 to 14.3% in the placebo groups, which demonstrated statistical significance in the trials. Both agents were well tolerated in clinical trials with the most common adverse reaction reported being nausea.

There is insufficient evidence to support that one brand CGRP antagonist is safer or more efficacious than another. The drugs in this AHFS class are used in a specific patient population. Because these agents have not been written into the guidelines and specific criteria must be met prior to initiating therapy, these agents should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand CGRP 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 CGRP antagonist 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. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

Antiemetics, Antihistamines: AHFS 562208

Manufacturer comments on behalf of these products:

Diclegis® - Duchesnay

Dr. Pomfret commented that the antihistamine antiemetics included in this review are listed in Table 1 on page 434. All of the products 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.

There is insufficient evidence to support that one brand antihistamine antiemetic 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 antihistamine antiemetics 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 antihistamine antiemetic 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. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

Antiemetics, 5-HT₃ Receptor Antagonists: AHFS 562220

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the 5-HT₃ receptor antagonists included in this review are listed in Table 1 on page 477. All agents have a generic formulation available. 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 5-HT₃ 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 5-HT₃ 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 5-HT₃ 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. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

Antiemetics, Neurokinin-1 Receptor Antagonists: AHFS Class 562232

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the neurokinin-1 receptor antagonists included in this review are listed in Table 1 on page 565. Aprepitant and fosaprepitant are available in a generic formulation. Aprepitant is now also available under the brand name Cinvanti[®] as an injectable emulsion formulation. Fosaprepitant is rapidly converted to aprepitant when administered intravenously. There is an NK1 antagonist combination product currently available, netupitant-palonosetron (Akynzeo[®]), along with the injectable version fosnetupitant-palonosetron (also under the brand name Akynzeo[®]). With this combination, netupitant, a NK1 antagonist is co-formulated with palonosetron, a 5-HT₃ receptor antagonist. 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 neurokinin-1 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 neurokinin-1 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 neurokinin-1 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. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

Antiemetics, Miscellaneous: AHFS 562292

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the miscellaneous antiemetics that are included in this review are listed in Table 1 on page 621. Dronabinol and scopolamine are both 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.

There is insufficient evidence to support that one brand miscellaneous antiemetic 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 miscellaneous antiemetics 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 antiemetic 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. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

Centrally Acting Skeletal Muscle Relaxants: American Hospital Formulary Service (AHFS) 122004

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the centrally acting skeletal muscle relaxants included in this review are listed in Table 1 on page 12. All of the products are available in a generic formulation. The prolonged use of carisoprodol has been associated with dependence, withdrawal, and abuse. Therefore, carisoprodol products were placed on prior authorization in 2007 through P&T and DUR review due to the abuse potential.

Although guideline updates have occurred, 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 centrally acting skeletal muscle relaxant is safer or more efficacious than another. Due to the potential risk of abuse, 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.

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.

There were no further discussions on the agents in this class. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

Direct-Acting Skeletal Muscle Relaxants: AHFS 122008

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that dantrolene is the only direct-acting skeletal muscle relaxant that is currently available in this class, and it is available in generic formulations. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

All brand direct-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.

No brand direct-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.

There were no further discussions on the agents in this class. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

GABA-Derivative Skeletal Muscle Relaxants: AHFS 122012

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that baclofen is the only gamma aminobutyric acid (GABA)-derivative skeletal muscle relaxant that is currently available, and it is available in generic formulations. 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 GABA-derivative skeletal muscle relaxant 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 GABA-derivative 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.

No brand gamma aminobutyric acid (GABA)-derivative 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.

There were no further discussions on the agents in this class. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

Skeletal Muscle Relaxants, Miscellaneous: AHFS 122092

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that orphenadrine and orphenadrine-aspirin-caffeine combination tablet are the only miscellaneous skeletal muscle relaxants currently available and they are approved for the symptomatic relief

of pain associated with acute musculoskeletal disorders. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

All brand miscellaneous 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.

No brand miscellaneous 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.

There were no further discussions on the agents in this class. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

Opiate Agonists: AHFS 280808

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the opiate agonists included in this review are listed in Table 1 on page 102. These agents are considered to be the most potent analgesics available and are frequently prescribed for the treatment of acute pain, chronic pain, and palliative care. They are available in a variety of dosage forms and combination products. All of the products are available in a generic formulation, with the exception of tapentadol. The oral sustained-release opiate agonists are not included in this review as they are included in the Alabama Medicaid Prior Authorization Program, which is outside of the Preferred Drug Program.

Since the last review, Apadaz[®] (benzhydrocodone/acetaminophen) has been approved by the FDA. Apadaz[®] is indicated for the short-term (no more than 14 days) management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Benzhydrocodone is a prodrug of hydrocodone and benzoic acid and is rapidly converted into hydrocodone and benzoic acid after oral administration.

Support for efficacy of Apadaz[®] was based upon the efficacy of its reference drug, hydrocodone/acetaminophen, and in an open-label, single dose, randomized, crossover study where Apadaz[®] showed relative comparable bioavailability. In an oral, single-center, randomized, double-blind, crossover, human abuse potential study, there were no statistically significant differences nor any clinically meaningful differences between Apadaz[®] and the hydrocodone/acetaminophen control for the pre-specified primary endpoint of maximal score (E_{max}) for Drug Liking visual analog scale (VAS) or secondary endpoints of E_{max} for High VAS and Take Drug Again VAS. Overall, the in vitro studies that evaluated physical manipulation and extraction for the purpose of preparing Apadaz[®] for abuse by the intravenous route or by smoking did not find an advantage for Apadaz[®] over the hydrocodone/acetaminophen control. The results of the oral and intranasal human abuse potential studies do not support a finding that Apadaz[®] can be expected to deter abuse by the oral or nasal routes of administration.

RoxyBond[®] (oxycodone immediate-release) is FDA-approved for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. It is the first immediate-release (IR) opioid to be designed as an abuse-deterrent formulation for the management of pain. The in

in vitro data demonstrate that RoxyBond® has physicochemical properties expected to make abuse via injection difficult. The data from the clinical study, along with support from in vitro data, also indicate that RoxyBond® has physicochemical properties that are expected to reduce abuse by the intranasal route of administration. However, abuse by the intranasal, oral, and intravenous route is still possible.

An additional FDA Drug Safety Communication was also released on April 2019 regarding harm reported from sudden discontinuation of opioid pain medicines and requiring label changes to guide prescribers on gradual, individualized tapering.

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.

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.

There were no further discussions on the agents in this class. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

Opiate Partial Agonists: AHFS 280812

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the opiate partial agonists included in this review are listed in Table 1 on page 256. All agents are available in a generic formulation.

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 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.

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.

There were no further discussions on the agents in this class. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

Selective Serotonin Agonists: AHFS 283228

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the selective serotonin agonists that are included in this review are listed in Table 1 on page 328.

The selective serotonin agonists (triptans and lasmiditan) are approved for the treatment of acute migraines, with or without aura. The subcutaneous formulation of sumatriptan is also approved for the treatment of cluster headaches. The triptans are chemically and structurally related to the neurotransmitter 5-hydroxytryptamine (5-HT), which is present in the blood, as well as in the peripheral and central nervous systems. Triptans and lasmiditan are potent, highly selective 5-HT₁ receptor agonists, with no significant affinity for other 5-HT subgroups. They stimulate receptors located on cerebral vessels to redistribute blood flow and relieve pain. Clinical trials evaluated lasmiditan and demonstrated lasmiditan had greater efficacy over placebo in achieving headache relief at two hours post-dose. Lasmiditan has not yet been included in clinical guidelines.

There is insufficient evidence to support that one brand selective serotonin agonist is safer or more efficacious than another when administered at equipotent doses. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand selective serotonin 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 selective serotonin 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. Chairperson Heinze asked the P&T Committee Members to mark their ballots.

Proton-Pump Inhibitors: AHFS 562836

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the proton-pump inhibitors (PPI) included in this review are listed in Table 1 on page 650. All agents with the exception of dexlansoprazole and omeprazole/clarithromycin/amoxicillin combination package are available in a generic formulation.

There have been no major changes in the prescribing information, treatment guidelines, or clinical studies regarding these agents since this class was last reviewed. Of note, a warning for fundic gland polyps was added in June 2018. PPI use is associated with an increased risk of fundic gland polyps that increases with long-term use, especially beyond one year. Use the shortest duration of PPI therapy appropriate to the condition being treated.

There is insufficient evidence to support that one brand proton-pump 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 proton-pump 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 proton-pump 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. Chairperson Heinze 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 collected electronically; ballots were returned by all voting members and all classes were approved as recommended. Results of voting are described in the Appendix to the minutes.

7. NEW BUSINESS

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.

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for November 4, 2020 at the Medicaid Building in the Commissioner's Board Room.

9. ADJOURN

There being no further business, Dr. Carter moved to adjourn and Dr. Hughes seconded. The meeting adjourned at 10:03 a.m.

Appendix

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

- A. 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

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

Kathy Wall Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

B. Recommendation: No brand direct-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.

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

C. Recommendation: No brand gamma aminobutyric acid (GABA)-derivative 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.

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


D. Recommendation: No brand miscellaneous 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.

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

E. 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

 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

F. 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

 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

G. Recommendation: No brand selective serotonin 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

 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 antihistamine antiemetic 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

Nathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

I. Recommendation: No brand 5-HT₃ receptor antagonist antiemetic 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

Nathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

J. Recommendation: No brand neurokinin-1 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

McRae, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Natly Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

K. Recommendation: No brand miscellaneous antiemetic 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

McRae, MD Approve Approve as amended Disapprove No action
Assistant Medical Director

Natly Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

L. **Recommendation:** No brand proton-pump 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

M. **Recommendation:** No brand calcitonin gene-related peptide (CGRP) 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

Respectfully submitted,



Thomas C. Pomfret, PharmD, MPH, BCPS

08/17/2020

Date