Minutes of Meeting

Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
February 7, 2024

Members Present: Dr. Lee Carter, Dr. Kimberly Graham, Dr. Frances Heinze, Dr. Peter Hughes, Terri Madry, RPh, Dr. Kelli Newman, Dr. Melinda Rowe, Dr. Chandler Stisher, Dr. George Sutton, and Dr. Blake Tennant

Members Absent: Dr. Ashley Lane and Dr. Kenny Murray

Presenters: Dr. Rachel Bacon and Dr. Thomas Pomfret

1. OPENING REMARKS

Chairperson Heinze called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 1:03 p.m. CST.

2. APPROVAL OF MINUTES

Chairperson Heinze asked if there were any corrections to the minutes from the November 8, 2023 P&T Committee Meeting.

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

3. PHARMACY PROGRAM UPDATE

Dr. Newman noted that preparations have begun for the next legislative session and the Agency is meeting with the new legislators. The Commissioner gave the budget request presentation earlier this week. There are several new ALERTs on the website. We are in the process of phasing down the MME edits which will occur in April and the final phasedown will occur in July.

We would like to welcome Terri Madry, RPh, as the newest member of the P&T committee.

CMS is holding an all-state call regarding high cost drug evaluations. They are introducing a new program related to newer products and federal price negotiations.

We would also like to introduce Beth Wells as our new P&T/PDL coordinator.

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 were four (4) manufacturer verbal presentations at the meeting.

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

The pharmacotherapy class reviews began at approximately 1:12 p.m. CST. There were a total of fifteen (15) drug class re-reviews. The oral anticoagulants; platelet aggregation inhibitors; vasodilating agents miscellaneous; antiarrhythmics; cardiotonic agents; cardiac drugs, miscellaneous; bile acid sequestrants; cholesterol absorption inhibitors; fibric acid derivatives; HMG-CoA reductase inhibitors; Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) inhibitors; antilipemic agents, miscellaneous; nitrates and nitrites; and renin-angiotensin-aldosterone system inhibitors, miscellaneous; and antidepressants were all last reviewed in February 2022. Veozah® (fezolinetant) is being reviewed as a new drug.

New Drug Review: Veozah®
Manufacturer comments on behalf of these products:
Veozah®- Astellas Pharma

Dr. Bacon commented that Veozah® (fezolinetant) is a selective neurokinin 3 (NK3) receptor antagonist indicated for the treatment of moderate to severe vasomotor symptoms (VMS) due to menopause. Going forward Veozah® will be reviewed alongside the Estrogens, with the 28:92 - Central Nervous System Agents, Miscellaneous class being monitored for additional menopause-related treatments. Veozah® is the second nonhormonal agent to have gained FDA approval for the indication of VMS after Brisdelle® (paroxetine mesylate 7.5 mg); all other nonhormonal therapies are used off-label.

The SKYLIGHT 1 and 2 trials demonstrated fezolinetant's superiority over placebo in reducing the frequency and severity of hot flashes over 24 hours. Fezolinetant was generally well tolerated in clinical trials, with adverse effects most notable for elevated hepatic transaminases that were generally asymptomatic. The prescribing information for fezolinetant includes a warning for elevated hepatic transaminases. Patients need baseline bloodwork before starting the medication, and routine bloodwork needs to be done every three months for the first nine months of using the medication. Fezolinetant is contraindicated in cirrhosis, severe renal impairment/end-stage renal disease, and concomitant use with CYP1A2 inhibitors. The 2023 Nonhormone Therapy Position Statement of The North American Menopause Society lists fezolinetant with a level I recommendation (which they define as good and consistent scientific evidence) for pharmacotherapy alongside SSRIs/SNRIs and gabapentin. According to those guidelines, hormonal therapy remains the most effective treatment and should be considered in menopausal women aged younger than 60 years, within 10 years of their final menstrual periods, and without contraindications.

There is insufficient evidence to support that brand fezolinetant is safer or more efficacious than other agents within its given indication. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand products 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 fezolinetant 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.

There were no further discussions on this agent. Chairperson Heinze asked the P&T Committee members to mark their ballots.

Oral Anticoagulants: AHFS 201204
Manufacturer comments on behalf of these products:
Eliquis®- Bristol Myers Squibb

Dr. Bacon commented that the oral anticoagulants included in this review are listed in Table 1 on page 10. This review encompasses only oral dosage forms and strengths within the AHFS class. Dabigatran and warfarin are available in generic formulations.

Since the last review, rivaroxaban received an expanded indication for two pediatric indications including for treatment of venous thromboembolism and reduction in the risk of recurrent venous thromboembolism in pediatric patients birth to 18 years of age and for thromboprophylaxis in pediatric patients two years of age and older with congenital heart disease after the Fontan procedure. Dabigatran has gained indications in pediatric patients as young as three months of age with approval of the oral pellet dosage form.

No brand oral anticoagulant, with the exception of a non-vitamin K oral anticoagulant (NOAC) 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.

Alabama Medicaid should work with manufacturers on cost proposals so that at least one brand or generic apixaban, dabigatran, edoxaban, or rivaroxaban product is selected as a preferred agent.

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

Platelet Aggregation Inhibitors: AHFS 201218
Manufacturer comments on behalf of these products:
Brilinta®- AstraZeneca

Dr. Bacon commented that the platelet-aggregation inhibitors included in this review are listed in Table 1 on page 135. Cilostazol, clopidogrel, and prasugrel are available generically. Dipyridamole, vericiguat, and aspirin-dipyridamole are now in a separate review, the miscellaneous vasodilating agents.

No brand platelet-aggregation 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.

Antilipemic Agents, Miscellaneous: AHFS 240692
Manufacturer comments on behalf of these products:
Leqvio®- Novartis

Dr. Bacon commented that the miscellaneous antilipemic agents included in this review are listed in Table 1 on page 1020. Icosapent ethyl, niacin, and omega-3 acid ethyl esters are available in a generic formulation. Leqvio® (inclisiran) has been added since the last review. Leqvio® (inclisiran) is a first-in-class small interfering RNA directed to PCSK9 mRNA. It is FDA-approved for use as an adjunct to diet and statin therapy in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH), to reduce LDL-C. Leqvio® (inclisiran) is administered by a healthcare professional as a twice-yearly subcutaneous injection.

Prescription niacin products offer significant clinical advantages in general use over the other brand, generic, and OTC niacin products in the same class (if applicable) but are comparable to each other. Extended-release niacin is available in a generic formulation. Due to their limited FDA-approved indications, prescription omega-3 acid ethyl esters and icosapent ethyl should be available through the medical justification portion of the prior authorization process for adults with severe hypertriglyceridemia (≥500 mg/dL). Omega-3 acid ethyl esters and icosapent ethyl are available in generic formulations. Due to the limited FDA-approved indications, lomitapide, evinacumab, and inclisiran should be available through the medical justification portion of the prior authorization process for use to diet and other lipid-lowering treatments in patients with FDA-approved indications.

No brand miscellaneous antilipemic 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.

Vasodilating Agents, Miscellaneous: AHFS 241292
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the miscellaneous vasodilating agents included in this review are listed in Table 1 on page 277. This class was previously included with the platelet-aggregation inhibitors. Dipyridamole and aspirin-dipyridamole are available generically.

No brand vasodilating agents, miscellaneous 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.

Antiarrhythmics: AHFS 240404
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the antiarrhythmic agents included in the review are listed in Table 1 on page 351. All of the antiarrhythmic agents are available in a generic formulation with the exception of dronedarone. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand antiarrhythmic 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.

Cardiotonic Agents: AHFS 240408
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that the only cardiotonic agent is digoxin as outlined in Table 1 on page 412. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand cardiotonic 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.

Cardiac Drugs, Miscellaneous: AHFS 240492
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that the miscellaneous cardiac drugs included in this review are listed in Table 1 on page 464. Ranolazine is available in a generic formulation. Mavacamten (Camzyos®) was approved since the last review. Mavacamten is an allosteric and reversible inhibitor selective for cardiac myosin indicated for the treatment of adults with symptomatic New York Heart Association (NYHA) class II-III obstructive hypertrophic cardiomyopathy to improve functional capacity and symptoms. Mavacamten carries a boxed warning for the risk of heart failure. Mavacamten reduces left ventricular ejection fraction (LVEF) and can cause heart failure due to systolic dysfunction. Echocardiogram assessments of LVEF are required prior to and during treatment. Initiation of mavacamten in patients with LVEF <55% is not recommended. Because of the risk of heart failure due to systolic dysfunction, mavacamten is available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). Clinical guidelines do not currently include mavacamten regarding recommendations for managing patients with obstructive hypertrophic cardiomyopathy.

There is insufficient evidence to support that one brand miscellaneous cardiac drug is safer or more efficacious than other agents commonly used for the approved indication. Due to their limited FDA-approved indications, ivabradine, mavacamten, and tafamidis should be available through the medical justification portion of the prior authorization process for their respective indications.

Therefore, all brand miscellaneous cardiac drugs 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 cardiac drug 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.

Bile Acid Sequestrants: AHFS 240604
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that the bile acid sequestrants included in this review are listed in Table 1 on page 511. All agents are available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand bile acid sequestrant 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.

Cholesterol Absorption Inhibitors: AHFS 240605
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that ezetimibe is the only cholesterol absorption inhibitor and it is available in a generic formulation as outlined in Table 1 on page 564. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand cholesterol absorption 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.

Fibric Acid Derivatives: AHFS 240606
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that the fibric acid derivatives that are included in this review are listed in Table 1 on page 655. All fibric acid derivatives are available in a generic formulation.

No brand fibric acid derivative 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.

HMG-CoA Reductase Inhibitors: AHFS 240608
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the HMG-CoA reductase inhibitors, or statins, included in this review are listed in Table 1 on page 728. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand HMG-CoA Reductase Inhibitors 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.

Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors: AHFS 240624
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the proprotein convertase subtilisin kexin 9 (PCSK9) inhibitors included in this review are listed in Table 1 on page 978. There are no generic formulations.

At this time, there is insufficient data to conclude that one PCSK9 inhibitor is safer or more efficacious than other brand or generic products within its class and that it offers a significant clinical advantage over other alternatives in general use. The drugs in this AHFS class are used in a specific patient population. Because these agents have narrow indications with limited usage, and very specific criteria must be met prior to initiating therapy, these agents should be made available through the medical justification portion of the prior authorization process.

Therefore, all brand products 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 PCSK9 inhibitor 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.

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

Nitrates and Nitrites: AHFS 241208
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the nitrates and nitrites that are included in this review are listed in Table 1 on page 1111, and all of the agents are available in generic formulation. There have been no major changes in prescribing information, treatment guidelines, or clinical trials since this class was last reviewed.

No brand nitrate or nitrite 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.

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

Miscellaneous Renin-Angiotensin-Aldosterone System Inhibitors: AHFS 243292
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that Entresto® (sacubitril-valsartan) is the only miscellaneous renin-angiotensin-aldosterone system (RAAS) inhibitor in this review as outlined in Table 1 on page 1148.

Entresto® (sacubitril-valsartan) is a combination of sacubitril, a neprilysin inhibitor, and valsartan, an ARB, that is Food and Drug Administration (FDA)-approved to reduce the risk of cardiovascular death and hospitalization for HF in adult patients with chronic heart failure. Benefits are most clearly evident in patients with LVEF below normal. It is also indicated for the treatment of symptomatic HF with systemic left ventricular systolic dysfunction in pediatric patients aged one year and older.

The 2022 American Heart Association/American College of Cardiology/ Heart Failure Society of America guideline for the management of HF state that in patients with heart failure with reduced ejection fraction (HFrEF) and NYHA class II to III symptoms, the use of an angiotensin receptor/neprilysin inhibitor (ARNI) is recommended to reduce morbidity and mortality. In patients with previous or current symptoms of chronic HFrEF, the use of an ACE inhibitor is beneficial to reduce morbidity and mortality when the use of an ARNI is not feasible. Additionally, in patients with chronic symptomatic HFrEF NYHA class II or III who tolerate an ACE inhibitor or ARB, replacement by an ARNI is recommended to further reduce morbidity and mortality.

There is insufficient evidence to support that one brand miscellaneous renin-angiotensin-aldosterone system 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 miscellaneous renin-angiotensin-aldosterone system inhibitors within the class reviewed are comparable to each other and to the generic products in the class (if applicable). Sacubitril-valsartan should be available as a first-line agent for patients with heart failure with reduced ejection fraction and NYHA class II to III.

No brand miscellaneous renin-angiotensin-aldosterone system 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.

Antidepressants: AHFS 281604
Manufacturer comments on behalf of these products:
None

Dr. Bacon noted that the antidepressants included in this review are listed in Table 1 on page 1167. The majority of the products are available in a generic formulation, and there is at least one generic product available in each antidepressant subclass. Auvelity ER® (dextromethorphan-bupropion) has been approved since the last review. Dextromethorphan-bupropion is a combination of dextromethorphan, an uncompetitive N-methyl D-aspartate (NMDA) receptor antagonist and sigma-1 receptor agonist, and bupropion. Bupropion increases plasma levels of dextromethorphan by competitively inhibiting cytochrome P450 2D6. The exact mechanism of dextromethorphan in the treatment of major depressive disorder is unclear.

There is insufficient evidence to support that one brand antidepressant is 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 antidepressants within the class reviewed, with the exception of the monoamine oxidase inhibitors, are comparable to each other and to the generics in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use. The monoamine oxidase inhibitors possess an extensive adverse effect profile compared to the other brands and generics in the class (if applicable) and should be managed through the existing medical justification portion of the prior authorization process.

No brand antidepressant 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 monoamine oxidase inhibitor is recommended for 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.

6. RESULTS OF VOTING ANNOUNCED

The results of voting for each of the therapeutic classes were announced and all recommendations were accepted unanimously. Results of voting are described in the Appendix to the minutes.

7. NEW BUSINESS

Additional questions have come up since reviewing the antidiabetic agents at the last meeting. Some newer products are becoming first-line recommended agents and the Agency wants to have as many agents available as preferred first-line products as possible. There is, however, the potential for these agents to be used off label. The option of implementing the diagnosis of diabetes through the electronic PA program is being considered. This would allow accepting additional preferred products by ensuring that the diagnosis of type 2 diabetes is in place.

Committee members note that it is very difficult to acquire many antidiabetic agents due to the drug shortages. Drug shortages are impacting many drug classes.

Dr. Sutton discussed the increasing costs of medications. Brand name drugs are rapidly increasing in price. Dr. Heinze emphasized the importance of encouraging patient adherence.

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for May 8, 2024 at 1:00 p.m. CST in the Commissioner's Board Room of the Medicaid Building.

The August 7, 2024 P&T has a scheduling conflict and the meeting will need to be moved.

9. ADJOURN

There being no further business, Dr. Carter moved to adjourn and Dr. Sutton seconded the motion. The meeting adjourned at 2:07 p.m. CST.

Appendix

RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
February 7, 2024

A. **Recommendation:** No brand oral anticoagulant, with the exception of a non-vitamin K oral anticoagulant (NOAC) 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.

   Alabama Medicaid should work with manufacturers on cost proposals so that at least one brand or generic apixaban, dabigatran, edoxaban, or rivaroxaban product is selected as a preferred agent.

   Amendment: None

   Vote: Unanimous to approve as recommended

B. **Recommendation:** No brand platelet aggregation 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

C. **Recommendation:** No brand vasodilating agents, miscellaneous 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

D. **Recommendation:** No brand antiarrhythmic 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

E. **Recommendation:** No brand cardiotonic 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

F. **Recommendation:** No brand cardiac drug, miscellaneous 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

G. **Recommendation:** No brand bile acid sequestrant 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

H. **Recommendation:** No brand cholesterol absorption 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

I. **Recommendation:** No brand fibric acid derivative 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

J. **Recommendation:** No brand HMG-CoA reductase 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

K. **Recommendation:** No brand PCSK9 inhibitor 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

L. **Recommendation:** No brand miscellaneous antilipemic 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. No brand nitrate and nitrite 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

N. No brand miscellaneous renin-angiotensin-aldosterone system 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

O. **Recommendation:** No brand antidepressant 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 monoamine oxidase inhibitor is recommended for preferred status, regardless of cost.

Amendment: None

Vote: Unanimous to approve as recommended

P. **Recommendation:** No brand fezolinetant 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

Assistant Medical Director ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action

Deputy Commissioner ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action

Commissioner ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action

Respectfully submitted,

Rachel Bacon

Rachel Bacon, PharmD, MPH

February 8, 2024

Date