Minutes of Meeting

Alabama Medicaid Agency
Pharmacy and Therapeutics Committee

November 8, 2023

Members Present: Dr. Lee Carter, Dr. Kimberly Graham, Dr. Peter Hughes, Dr. Ashley Lane, Dr. Kelli Newman, Dr. Melinda Rowe, Dr. Chandler Stisher, and Dr. Blake Tennant

Members Absent: Dr. Frances Heinze, Dr. Kenny Murray, and Dr. George Sutton (via WebEx)

Presenters: Dr. Rachel Bacon and Dr. Anhar-Shannon Eldesouky

1. OPENING REMARKS

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

2. APPROVAL OF MINUTES

Chairperson Carter asked if there were any corrections to the minutes from the August 2, 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 stated that the phase down for morphine milligram equivalents (MME) edits was on hold during the Public Health Emergency (PHE) and has now moved down to 120 MME daily. The next step will be down to 100 or 90 MME. The covid vaccine has been supplied by federal government during PHE. Covid products are being commercialized and the vaccine is now purchased by pharmacies at cost. This entails additional coding for reimbursements and changes will be backdated. The federal government has released guidance that all state Medicaid programs are required to cover adult vaccines that are approved through The Advisory Committee on Immunization Practices (ACIP). A state plan amendment was recently approved to allow for this process change. An ALERT will be disseminated. In your P&T packet there are comments submitted by a prescriber regarding multiple sclerosis medication coverage. Additionally, two emails have been received from physicians asking about weight loss medications. Weight loss is not a covered indication under AL Medicaid and making this change would require a state plan amendment. For this reason, weight loss indications for diabetes drugs will not be discussed. Pharmacy shortages, especially ADHD medications (since January), continue to create challenges.

Dr. Bacon welcomed new members- Dr. Ashley Lane, Dr. Kenny Murray, Dr. Chandler Stisher, and Dr. Blake Tennant - to the committee. The P&T Charge was read and reviewed.

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 manufacturer verbal presentations at the meeting.

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

The pharmacotherapy class reviews began at approximately 1:25 p.m. There were 19 drug class re-reviews. The first generation antihistamines; estrogens; alpha glucosidase inhibitors; amylinomimetics; biguanides; dipeptidyl peptidase-4 inhibitors; incretin mimetics; insulins; meglitinides; sodium-glucose cotransport 1 inhibitors; sodium-glucose cotransport 2 inhibitors; sulfonylureas; thiazolidinediones; antidiabetic agents, miscellaneous; prenatal vitamins; immunomodulatory agents used to treat multiple sclerosis; antigout agents; genitourinary smooth muscle relaxants: antimuscarinics; and genitourinary smooth muscle relaxants: beta-3 agonists were last reviewed in November 2021.

Incretin Mimetics: American Hospital Formulary Service (AHFS) 682006
Manufacturer comments on behalf of these products:
Ozempic® - NovoNordisk
Rybelsus® - NovoNordisk

Dr. Bacon commented that the incretin mimetics included in this review are listed in Table 1 on page 473. The incretin mimetics are FDA approved for use as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes, with some agents also having cardiovascular risk reduction indications (see Table 3 on page 483). Byetta® and Bydureon® contain the same active ingredient, exenatide. Bydureon® is a long-acting formulation of exenatide. Rybelsus® is the first orally available GLP-1 agonist and contains the same active ingredient as Ozempic®, semaglutide. There are no incretin mimetics available generically. Since the last review, the maximum dose of injectable semaglutide has increased to 2 mg once weekly and dulaglutide has been approved for use in pediatric patients ≥10 years of age with type 2 diabetes mellitus.

Mounjaro® (tirzepatide) is a first in class combination glucose-dependent insulinotropic polypeptide (GIP) receptor/GLP-1 receptor agonist that selectively binds to and activates the GIP and GLP-1 receptors. Mounjaro® (tirzepatide) is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. This agent has a novel

mechanism of action that targets GIP and GLP-1 receptors. GIP and GLP-1 are incretins that have multiple actions on glucose: stimulating insulin secretion and lowering glucagon secretion. In the SURPASS trials, tirzepatide achieved improvements in HbA_{1c} vs placebo, semaglutide, insulin degludec, and insulin glargine. In addition, improvements in body weight were greater than with placebo, semaglutide, and insulin. However, the agent is associated with gastrointestinal side effects and carries a boxed warning for the risk of medullary thyroid tumors.

The goal of treatment for type 2 diabetes is to control hyperglycemia and reduce the risk of long-term complications. A notable new theme in diabetes treatment guidelines is an emphasis on a complication-centric approach, beyond glucose levels, to frame decisions regarding first-line pharmacologic choices for the treatment of persons with diabetes. Pharmacologic therapy should be guided by person-centered treatment factors, including comorbidities and treatment goals. In adults with type 2 diabetes and established/high risk of atherosclerotic cardiovascular disease, heart failure, and/or chronic kidney disease, the treatment regimen should include agents that reduce cardiorenal risk. Pharmacologic approaches that provide adequate efficacy to achieve and maintain treatment goals should be considered, such as metformin or other agents, including combination therapy. Guidelines recommend that for patients with type 2 diabetes and atherosclerotic cardiovascular disease (e.g., those with prior myocardial infarction, stroke, or any revascularization procedure) or indicators of high risk, a GLP-1 receptor agonist or SGLT2 inhibitor with proven cardiovascular benefit should be the initial treatment option. The incretin mimetics are also listed as very high/high efficacy for glucose lowering to achieve glycemic goals in combination with metformin. These agents are also considered to have very high (semaglutide, tirzepatide), high (dulaglutide, liraglutide), or intermediate (exenatide) efficacy for weight loss in patients needing to achieve weight-based goals according to the American Diabetes Association.

There is insufficient evidence to support that one brand incretin mimetic is safer or more efficacious than another within its given indication. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process. The incretin mimetics that have demonstrated cardiovascular disease benefit (currently liraglutide, injectable semaglutide, and exenatide extended-release) should be available for treatment of patients with type 2 diabetes and cardiovascular disease.

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 incretin mimetic 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 Carter asked the P&T Committee members to mark their ballots.

Immunomodulatory Agents used to treat Multiple Sclerosis: AHFS 922000
Manufacturer comments on behalf of these products:

Kesimpta® - Novartis
Ocrevus® - Genentech

Dr. Bacon commented that several immunomodulatory agents are Food and Drug Administration (FDA)-approved for the treatment of patients with multiple sclerosis (MS). Dimethyl fumarate, fingolimod, glatiramer acetate, and teriflunomide are available in a generic formulation. Agents included in this review are listed in Table 1 on page 1138.

Since the last review, an orally disintegrating tablet formulation of fingolimod has become available, under the brand name Tascenso® ODT. Additionally, Briumvi® (ublituximab-xiiy) has been approved. Briumvi® is a CD20-directed cytolytic antibody indicated for the treatment of relapsing forms of MS, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults. Maintenance infusions occur every 24 weeks. Briumvi® is the third anti-CD20 inhibitor approved for MS, along with Ocrevus® (ocrelizumab) and Kesimpta® (ofatumumab). The efficacy of Briumvi® (ublituximab) in relapsing MS was demonstrated in two randomized, double-blind, clinical trials of identical design, ULTIMATE I and ULTIMATE II. Patients were randomized 1:1 to receive ublituximab 450 mg intravenously (IV) every 24 weeks with oral placebo administered daily, or Aubagio® (teriflunomide) 14 mg given orally daily with IV placebo administered on the same schedule as ublituximab. The primary end point for ULTIMATE I and ULTIMATE II was the annualized relapse rate (ARR). In ULTIMATE I, the ARR at 96 weeks was 0.08 in the ublituximab group and 0.19 in the teriflunomide group ($P<0.001$). In ULTIMATE II, the ARR at 96 weeks was 0.09 in the ublituximab group and 0.18 in the teriflunomide group ($P=0.002$). In a pooled analysis of the two trials, 5.2% of the participants in the ublituximab group and 5.9% in the teriflunomide group had worsening of disability at 12 weeks ($P=0.51$). Infusion-related reactions occurred in 47.7% of the participants in the ublituximab group. Serious infections occurred in 5.0% in the ublituximab group and in 2.9% in the teriflunomide group.

There is insufficient evidence to support that one brand immunomodulatory agent used to treat multiple sclerosis is safer or more efficacious than another within its given indication, with the exception of safety concerns associated with alemtuzumab use. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process. Because of its safety profile, the use of alemtuzumab should generally be reserved for patients who have had an inadequate response to two or more drugs indicated for the treatment of MS.

Therefore, all brand immunomodulatory agents used to treat multiple sclerosis, with the exception of alemtuzumab, within the class reviewed are comparable to each other and to the generic products in the class (if applicable) within their given indications and offer no significant clinical advantage over other alternatives in general use.

No brand immunomodulatory agent used to treat multiple sclerosis 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.

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

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

First Generation Antihistamines: Ethanolamine Derivatives, AHFS 040404; Ethylenediamine Derivatives, AHFS 040408; and Propylamine Derivatives, AHFS 040420
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the first generation antihistamines included for this review are listed in Table 1 on page 9. The first generation antihistamines are approved for use in several allergic and nonallergic conditions; however, these agents are primarily utilized for the treatment of allergic rhinitis, urticaria, and angioedema. The majority of these agents are available in a generic formulation. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand first generation antihistamine 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 Carter asked the P&T Committee members to mark their ballots.

Estrogens: AHFS 681604
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the estrogens that are included in this review are listed in Table 1 beginning on page 74. Estradiol, estradiol valerate, estradiol-norethindrone, and norethindrone-ethinyl estradiol are available in a generic formulation. The estrogens are available in a variety of dosage forms, including injectable, oral, topical, transdermal, and vaginal preparations. Guidelines have been updated but do not incur major changes in the use of these agents.

No brand estrogen 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 Carter asked the P&T Committee members to mark their ballots.

Alpha Glucosidase Inhibitors: AHFS 682002
Manufacturer comments on behalf of these products:
None
Dr. Bacon commented that the alpha-glucosidase inhibitors are approved for use as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. The alpha-glucosidase inhibitors that are included in this review are listed in Table 1 on page 185. Acarbose

and miglitol are both available in a generic formulation. There have been no major changes in prescribing information, treatment guidelines, or clinical studies relating to these agents since the class was last reviewed.

No brand alpha-glucosidase 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 Carter asked the P&T Committee members to mark their ballots.

Amylinomimetics: AHFS 682003
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that pramlintide is the only amylinomimetic agent currently available. It is approved for use as an adjunctive treatment in patients with type 1 and type 2 diabetes mellitus who use mealtime insulin therapy and who have failed to achieve desired glucose control despite optimal insulin therapy. There have been no major changes in prescribing information, treatment guidelines, or clinical studies relating to these agents since the class was last reviewed.

No brand amylinomimetic 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 Carter asked the P&T Committee members to mark their ballots.

Biguanides: AHFS 682004
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that metformin remains the only biguanide that is currently available. It is FDA-approved as adjunct therapy to diet and exercise to improve glycemic control in patients with type 2 diabetes. Metformin is available as an immediate release tablet, extended-release tablet, solution, and extended-release suspension. Both the immediate- and extended-release tablets are available generically.

Metformin is the initial agent recommended in the glucose-centric algorithm for glycemic control. Metformin remains the recommended first-line therapy for most antidiabetic treatment regimens and remains the cornerstone to most combination dual and triple therapy regimens. Among current treatment guidelines, preference of one formulation of metformin over another is not stated.

No brand biguanide 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 Carter asked the P&T Committee members to mark their ballots.

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors: AHFS 682005
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the DPP-4 inhibitors included in this review are listed in Table 1 on page 366. Alogliptin and alogliptin combination products are available in a generic formulation; metformin and pioglitazone are also available generically in separate formulations. There have been no major changes in prescribing information, treatment guidelines, or clinical studies relating to these agents since the class was last reviewed.

No brand DPP-4 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 Carter asked the P&T Committee members to mark their ballots.

Insulins: AHFS 682008
Manufacturer comments on behalf of these products:
None

Dr. Eldesouky commented that the insulins that are included in this review are listed in Table 1 on page 595. Generic, over-the-counter, and biosimilar formulations of the insulins are available. Since the last review, Rezvoglar® has been approved. Rezvoglar® is the second interchangeable biosimilar product and is also interchangeable with Lantus® (insulin glargine), Semglee® being the first.

No brand insulin, with the exception of rapid-acting and long-acting insulin analogs, 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 rapid-acting insulin analog is selected as a preferred agent.

Alabama Medicaid should work with manufacturers on cost proposals so that at least one brand long-acting insulin analog is selected as a preferred agent.

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

Meglitinides: AHFS 682016

Manufacturer comments on behalf of these products:
None

Dr. Eldesouky commented that the meglitinides included in this review are listed in Table 1 on page 764. Nateglinide and repaglinide are available in a generic formulation. There have been no major changes in prescribing information, treatment guidelines, or clinical studies relating to these agents since the class was last reviewed.

No brand meglitinide 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 Carter asked the P&T Committee members to mark their ballots.

Sodium-glucose Cotransport 1 Inhibitors: AHFS 682017
Manufacturer comments on behalf of these products:
None

Dr. Eldesouky commented that currently there are no prescription medications classified by AHFS as Sodium-glucose Cotransport 1 Inhibitors. No SGLT1 inhibitor is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 682017 in the Preferred Drug List screening process. If new prescription sodium-glucose cotransport 1 inhibitors are added, it is recommended that this class be re-reviewed.

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

Sodium-glucose Cotransport 2 Inhibitors: AHFS 682018
Manufacturer comments on behalf of these products:
None

Dr. Eldesouky commented that the sodium-glucose cotransport 2 (SGLT2) inhibitors included in this review are listed in Table 1 on page 809. There are no generic products available. All SGLT2 inhibitors are indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Canagliflozin, dapagliflozin, and empagliflozin also have cardiovascular indications, and canagliflozin and dapagliflozin also have renal indications. Empagliflozin has gained approval for the treatment of type 2 diabetes in patients 10 years of age and older.

In adults with type 2 diabetes and established/high risk of atherosclerotic cardiovascular disease, heart failure, and/or chronic kidney disease, the treatment regimen should include agents that reduce cardiorenal risk. Pharmacologic approaches that provide adequate efficacy to achieve and maintain treatment goals should be considered, such as metformin or other agents, including combination therapy. Guidelines recommend that for patients with type 2 diabetes and atherosclerotic cardiovascular disease (e.g., those with prior myocardial infarction, stroke, or any

revascularization procedure) or indicators of high risk, a GLP-1 receptor agonist or SGLT2 inhibitor with proven cardiovascular benefit should be the initial treatment option.

No brand sodium-glucose cotransport 2 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 Carter asked the P&T Committee members to mark their ballots.

Sulfonylureas: AHFS 682020
Manufacturer comments on behalf of these products:
None

Dr. Eldesouky commented that the sulfonylureas included in this review are listed in Table 1 on page 873. There have been no major changes in prescribing information, treatment guidelines, or clinical studies relating to these agents since the class was last reviewed. All sulfonylureas are available in a generic formulation, including the fixed-dose combination products.

No brand sulfonylurea 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 Carter asked the P&T Committee members to mark their ballots.

Thiazolidinediones: AHFS 682028
Manufacturer comments on behalf of these products:
None

Dr. Eldesouky commented that the thiazolidinediones included in this review are listed in Table 1 on page 991. All agents are available in generic formulations. There have been no major changes in prescribing information, treatment guidelines, or clinical studies relating to these agents since the class was last reviewed.

No brand thiazolidinedione 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 Carter asked the P&T Committee members to mark their ballots.

Antidiabetic Agents, Miscellaneous: AHFS 682092
Manufacturer comments on behalf of these products:
None

Dr. Eldesouky commented that the antidiabetic agents, miscellaneous included in this review are listed in Table 1 on page 1098. Mifepristone is a cortisol receptor blocker that the Food and Drug Administration (FDA)-approved to control hyperglycemia secondary to hypercortisolism in adult patients with endogenous Cushing's syndrome who have type 2 diabetes or glucose intolerance and have failed surgery or are not candidates for surgery. There was the addition of a new agent Teplizumab. Tzield® (teplizumab-mzwv) is a CD3-directed antibody indicated to delay the onset of Stage 3 type 1 diabetes (T1DM) in adults and pediatric patients aged eight years and older with Stage 2 type 1 diabetes. Teplizumab binds to CD3, a cell surface antigen present on T lymphocytes, the mechanism is thought to involve partial agonistic signaling and deactivation of pancreatic beta cell autoreactive T lymphocytes. Teplizumab may deactivate the immune cells that attack insulin-producing cells, while increasing the proportion of cells that help moderate the immune response. While type 1 diabetes is one of the most common chronic diseases in pediatric patients, patients are generally diagnosed at stage 3 disease. Stage 2 disease is considered to be presence of at least two islet autoantibodies and dysglycemia but not meeting diagnostic criteria for clinical diabetes. FDA approval of teplizumab was based on one clinical trial (N=76) that evaluated the safety and efficacy of teplizumab for delay of onset of stage 3 type 1 diabetes in patients with stage 2 type 1 diabetes. The clinical trial demonstrated a median delay in time to diagnosis with stage 3 type 1 diabetes of 24 months. Teplizumab is administered as an intravenous infusion over a minimum of 30 minutes for 14 consecutive days. The 2023 American Diabetes Association guidelines state that teplizumab infusion to delay the onset of symptomatic type 1 diabetes should be considered in selected individuals aged ≥8 years with stage 2 type 1 diabetes. Management should be in a specialized setting with appropriately trained personnel.

There is insufficient evidence to support that one brand antidiabetic agent, miscellaneous is safer or more efficacious than another within its given indication. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process. Tzield® (teplizumab-mzwv) is used in a specific patient population. Because this agent has a narrow indication with limited usage and very specific criteria must be met prior to initiating therapy, this agent should be managed through the clinical criteria portion of the prior authorization process.

No brand antidiabetic agent, 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 Carter asked the P&T Committee members to mark their ballots.

Multivitamin Preparations - Prenatal Vitamins: AHFS 882800
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the prenatal vitamins that are included in this review are listed in Table 1 on page 1110. It should be noted that the products included in this review contain an extensive ingredient list, which can be found separately in the prescribing information. The term "prenatal vitamins" in Table 1 collectively refers to all active vitamin and mineral ingredients. Additional

ingredients, including folic acid and iron, have been listed out separately. Many of the prenatal vitamins are available in a generic formulation, including products which contain omega-3 fatty acids. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand prenatal vitamin 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 Carter asked the P&T Committee members to mark their ballots.

Antigout Agents: AHFS 921600
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the antigout agents that are included in this review are listed in Table 1 on page 1257. All products are currently available in a generic formulation, with the exception of pegloticase. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand antigout 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.

Pegloticase should not be placed in preferred status, regardless of cost.

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

Genitourinary Smooth Muscle Relaxants- Antimuscarinics: AHFS 861204
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the genitourinary smooth muscle relaxants- antimuscarinics included in this review are listed in Table 1 on page 1311. 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.

No brand antimuscarinic genitourinary smooth 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 Carter asked the P&T Committee Members to mark their ballots.

Genitourinary Smooth Muscle Relaxants- Beta-3 Adrenergic Agonists: AHFS 861208

Manufacturer comments on behalf of these products:
None

Dr. Bacon noted that the beta-3 adrenergic agonist genitourinary smooth muscle relaxants included in this review are listed in Table 1 on page 1421. No 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.

No brand beta-3 adrenergic agonist genitourinary smooth 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 Carter asked the P&T Committee Members to mark their ballots.

6. RESULTS OF VOTING ANNOUNCED

The results of voting were announced. All classes were approved as recommended.

7. NEW BUSINESS

Voting for Chairperson and Vice-chairperson occurred via ballot and results will be emailed after the meeting.

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for February 7, 2024 at the Medicaid Building in the Commissioner's Board Room.

9. ADJOURN

There being no further business, Dr. Hughes moved to adjourn and Dr. Stisher seconded. The meeting adjourned at 2:12 p.m.

Appendix

RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
November 8, 2023

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

Amendment: None

Vote: Unanimous to approve as recommended

B. Recommendation: No brand estrogen 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 alpha glucosidase 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

D. Recommendation: No brand amylinomimetic 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 biguanide 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 dipeptidyl peptidase-4 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

G. **Recommendation:** No brand incretin mimetic 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 insulin, with the exception of rapid-acting and long-acting insulin analogs, 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 rapid-acting insulin analog is selected as a preferred agent.

Alabama Medicaid should work with manufacturers on cost proposals so that at least one brand long acting insulin analog is selected as a preferred agent.

Amendment: None

Vote: Unanimous to approve as recommended

I. **Recommendation:** No brand meglitinide 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 sodium-glucose cotransport 1 inhibitor is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 682017 in the Preferred Drug List screening process. If new prescription sodium-glucose cotransport 1 inhibitors are added, it is recommended that this class be re-reviewed.

Amendment: None

Vote: Unanimous to approve as recommended

K. **Recommendation:** No brand sodium-glucose cotransport 2 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

L. **Recommendation:** No brand sulfonylurea 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. **Recommendation:** No brand thiazolidinedione 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. **Recommendation:** No brand antidiabetic agent, 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

O. **Recommendation:** No brand prenatal vitamin 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

P. **Recommendation:** No brand immunomodulatory agent used to treat multiple sclerosis 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.

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

Amendment: None

Vote: Unanimous to approve as recommended

Q. **Recommendation:** No brand antigout 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.

Pegloticase should not be placed in preferred status, regardless of cost.

Amendment: None

Vote: Unanimous to approve as recommended

R. Recommendation: No brand genitourinary smooth muscle relaxant: antimuscarinic 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

S. Recommendation: No brand genitourinary smooth muscle relaxant: beta-3 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

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

11/13/2023

Rachel Bacon, PharmD, MPH — Date