Minutes of Meeting

Alabama Medicaid Agency
Pharmacy and Therapeutics Committee

February 8, 2023

Members Present: Dr. Lee Carter, Dr. Frances Heinze (Chairperson), Dr. Peter Hughes, Dr. Kelli Littlejohn Newman, Dr. Tiffany Lyght, Dr. Melinda Rowe, and Dr. George Sutton

Members Absent: Dr. Albert Holloway (Vice-Chairperson)

Presenters: Dr. Rachel Bacon, Dr. Thomas Pomfret, and Dr. Karen Trinh

1. OPENING REMARKS

Chairperson Heinze called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 1:10 p.m.

2. APPROVAL OF MINUTES

Chairperson Heinze asked if there were any corrections to the minutes from the August 10, 2022 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 there have been several ALERTs since the last P&T meeting. The Agency is preparing for the next legislative session. There have been updates to the Hepatitis C prior authorization criteria including removal of the sobriety requirement. Continuous enrollment for Medicaid is ending on March 31, 2023; more information is available on the website. The federal administration has announced ending the PHE, scheduled to expire on May 11, 2023. More information will be forthcoming, and providers will be noticed for the "unwinding" process. Heather Vega has been announced as Director of Clinical Services. The rebate specialist position will be posted.

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 were 9 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 1:27 p.m. There were 16 drug class re-reviews rescheduled from the canceled November 2022 meeting, as well as two initial 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-HT_3 receptor antagonist antiemetics, NK1 receptor antagonist antiemetics, miscellaneous antiemetics, proton-pump inhibitors, and calcitonin gene-related peptide (CGRP) antagonists were last reviewed in August 2020. The anxiolytics, sedatives, and hypnotics – barbiturates, anxiolytics, sedatives, and hypnotics – benzodiazepines, and anxiolytics, sedatives, and hypnotics – miscellaneous were last reviewed in November 2020. The orexin receptor antagonists are being reviewed for the first time. Livtencity® (maribavir) was reviewed as a new drug. Additionally, there were a total of 15 drug class re-reviews for February 2023. The Skin and Mucous Membrane Antibacterials, Skin and Mucous Membrane Antivirals, Skin and Mucous Membrane Antifungals, Skin and Mucous Membrane Scabicides and Pediculicides, Skin and Mucous Membrane Miscellaneous Local Anti-infectives, Skin and Mucous Membrane Corticosteroids, Skin and Mucous Membrane Nonsteroidal Anti-inflammatory Agents, Skin and Mucous Membrane Miscellaneous Anti-inflammatory Agents, Skin and Mucous Membrane Antipruritics and Local Anesthetics, Skin and Mucous Membrane Astringents, Skin and Mucous Membrane Keratolytic Agents, Skin and Mucous Membrane Keratoplastic Agents, Skin and Mucous Membrane Miscellaneous Agents, Skin and Mucous Membrane Cell Stimulants and Proliferants, and Disease-Modifying Antirheumatic Drugs (DMARDs) were last reviewed in February 2021.

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

Manufacturer comments on behalf of these products:
AbbVie - Qulipta®
AbbVie - Ubrelvy®

Dr. Bacon commented that the calcitonin gene-related peptide (CGRP) antagonists included in this review are listed in Table 1 on page 717. No agents are available in a generic formulation. The majority of agents are indicated for the *preventive* treatment of migraine in adults. Additional indications include the treatment of episodic cluster headache in adults, the *acute* treatment of migraine in adults, and the preventive treatment of episodic migraine in adults, as listed in Table 3 on page 720. CGRP antagonists are available in oral and injectable formulations with variable dosing regimens.

Atogepant (Qulipta®) and eptinezumab (Vyepti®) have been approved since the last review. Qulipta® is a once daily tablet for the preventive treatment of episodic migraine. Vyepti® is an infusion given every three months for the preventive treatment of migraine. The *American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice* lists the CGRP inhibitors as treatment options with established efficacy for prophylactic and acute treatment.

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 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.

Proton-Pump Inhibitors: AHFS 562836
Manufacturer comments on behalf of these products:
RedHill - Talicia®

Dr. Trinh commented that the proton-pump inhibitors (PPI) included in this review are listed in Table 1 on page 645. All agents with the exception of omeprazole/amoxicillin/rifabutin delayed-release capsule 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 since this class was last reviewed.

Talicia® has been added since the last review. It is a three-drug combination of omeprazole, a proton pump inhibitor, amoxicillin, a penicillin-class antibacterial, and rifabutin, a rifamycin antibacterial, indicated for the treatment of *Helicobacter pylori* infection in adults. All three medications are in a single delayed-release capsule: four capsules are given every eight hours with food for 14 days. According to the American College of Gastroenterology: Treatment of *Helicobacter pylori* Infection (2017) guidelines, there are number of recommended first-line regimens for the treatment of *Helicobacter pylori* infection. Suggested regimens include clarithromycin triple therapy, bismuth quadruple therapy, concomitant therapy, sequential therapy, hybrid therapy, levofloxacin triple therapy, and fluoroquinolone sequential therapy. All the recommended first-line treatment strategies include a minimum of five days of proton-pump inhibitor therapy.

Of note, warnings were added for acute tubulointerstitial nephritis, severe cutaneous adverse reactions, and hypomagnesemia and mineral metabolism since this class was last reviewed.

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.

Skin and Mucous Membrane Scabicides and Pediculicides: AHFS 840412
Manufacturer comments on behalf of these products:
ParaPro - Spinosad

Dr. Bacon commented that the skin and mucous membrane scabicides and pediculicides included in this review are listed in Table 1 on page 158. All of the products are available in a generic formulation, with the exception of ivermectin. Permethrin and oral ivermectin are recommended as first-line therapy for the treatment of scabies in the guidelines by the CDC. Spinosad was FDA-approved in 2021 for the topical treatment of scabies in adults and children four years of age and older. This agent's efficacy and safety has yet to be compared to the other available therapies for the indication of scabies. Crotamiton also has a role as an antipruritic for those with this condition. All patients treated for scabies should expect the rash and itching to continue for approximately two weeks after treatment. The CDC recommends permethrin, piperonyl butoxide and pyrethrins for pediculosis pubis. Malathion and oral ivermectin are recommended as alternative regimens.

All brand skin and mucous membrane scabicides and pediculicides within the class reviewed are comparable to each other and to the generic products in the class and offer no significant clinical advantage over other alternatives in general use. Lindane possesses an extensive adverse effect profile compared to the other brands and generics in the class.

No brand skin and mucous membrane scabicide or pediculicide 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. Lindane 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.

Skin and Mucous Membrane Antipruritics and Local Anesthetics: AHFS 840800
Manufacturer comments on behalf of these products:
Scilex - ZTLido®

Dr. Bacon commented that the skin and mucous membrane antipruritics and local anesthetics included in this review are listed in Table 1 on page 324. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

No brand skin and mucous membrane antipruritic or local anesthetic 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.

Skin and Mucous Membrane Agents, Miscellaneous: AHFS 849200
Manufacturer comments on behalf of these products:
NobelPharma - Hyftor®

Dr. Bacon commented that the miscellaneous skin and mucous membrane agents included in this review are listed in Table 1 on page 390. The miscellaneous skin and mucous membrane class includes a diverse group of products used to treat many skin conditions. Many products are available in a generic formulation. Due to

the wide variety of products, as well as the range of Food and Drug Administration-approved indications, direct comparisons are difficult.

Ruxolitinib (Opzelura®) is a Janus kinase (JAK) inhibitor indicated for the topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised adult and pediatric patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable and for the topical treatment of nonsegmental vitiligo in adult and pediatric patients 12 years of age and older.

Sirolimus topical gel (Hyftor®) is an mTOR inhibitor immunosuppressant indicated for the treatment of facial angiofibroma associated with tuberous sclerosis in adults and pediatric patients six years of age and older.

Afamelanotide (Scenesse®) is approved for the prophylaxis of pain from free-light exposure in adult patients with a history of phototoxic reaction caused by erythropoietic protoporphyria (EPP). The preferred method of preventing phototoxicity in patients with EPP is the avoidance and protection from UV light. This includes use of protective clothing or broad-spectrum sunscreen preparations while outdoors, or avoidance of exposure to UV light altogether. Afamelanotide is the first FDA-approved treatment option for adult patients with EPP and is administered as a subcutaneous implant every other month.

At this time, there is not a role for the miscellaneous skin and mucous membrane agents in general use. Because these agents have narrow indications with limited usage, they should be available for circumstances that require medical justification through the prior authorization process.

Therefore, all brand miscellaneous skin and mucous membrane agents within the class reviewed 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.

No brand miscellaneous skin and mucous membrane 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.

Disease-Modifying Antirheumatic Agents: AHFS 923600
Manufacturer comments on behalf of these products:
Pfizer - Cibinqo®
AbbVie - Rinvoq®
Aurinia - Lupkynis®

Dr. Bacon commented that the disease-modifying antirheumatic drugs (DMARDs) included in this review are listed in Table 1 on page 563. Abrocitinib (Cibinqo®), secukinumab (Cosentyx®), sulfasalazine (Azulfidine®), and voclosporin (Lupkynis®) have been added since the last review. Sulfasalazine was previously reviewed in the sulfonamide class but was recategorized by AHFS.

Abrocitinib is a Janus kinase inhibitor indicated for the treatment of adults with refractory, moderate-to-severe atopic dermatitis whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable. Abrocitinib 200 mg daily may have beneficial effects compared to dupilumab for improvement from baseline itch response at two weeks. Secukinumab is an interleukin-17A blocker and it is indicated for the treatment of moderate to severe plaque psoriasis in patients six years and older who are candidates for systemic therapy or phototherapy, active psoriatic arthritis in patients two years of age and older, adult patients with active ankylosing spondylitis, adult patients with active non-radiographic axial spondyloarthritis with objective signs of inflammation, and active enthesitis-related arthritis in patients four years of age and older. Sulfasalazine is a conventional synthetic DMARD approved for the treatment of juvenile arthritis, rheumatoid arthritis, and ulcerative colitis. Voclosporin is a calcineurin-inhibitor immunosuppressant indicated in combination with a background immunosuppressive therapy regimen for the treatment of adult patients with active lupus nephritis. Additionally, many agents have received approval for new indications since the last review, including abatacept for prophylaxis of acute graft versus host disease, anakinra for deficiency of interleukin-1 receptor antagonist, baricitinib for alopecia areata and COVID-19, tofacitinib for systemic sclerosis-associated interstitial lung disease, and upadacitinib for ankylosing spondylitis, atopic dermatitis, non-radiographic axial spondyloarthritis, psoriatic arthritis, and ulcerative colitis.

There is insufficient evidence to support that one brand disease-modifying antirheumatic agent is safer or more efficacious than another within its FDA-approved indication(s). The drugs in this AHFS class are used in a specific patient population. Because these agents have narrow indications with limited usage and serious adverse events, these agents should be managed through the medical justification portion of the prior authorization process.

Therefore, all disease-modifying antirheumatic agents within the class reviewed are comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use.

No brand disease-modifying antirheumatic 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.

Centrally Acting Skeletal Muscle Relaxants: AHFS 122004
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the centrally acting skeletal muscle relaxants included in this review are listed in Table 1 on page 13. 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.

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. Bacon 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.

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. Bacon 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. Baclofen is now available in two new dosage formulations: Fleqsuvy®, an oral suspension, and Lyvispah®, oral granules. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

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. Bacon 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.

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. Bacon commented that the opiate agonists included in this review are listed in Table 1 on page 91. 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 and tramadol-celecoxib. 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, Olinvyk® (oliceridine) has been approved by the FDA. Olinvyk® is for use in institutional settings for less than 48 hours and therefore is only included in Table 1. Seglentis® (tramadol and celecoxib) has also been approved for the management of acute pain in adults that is severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

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.

Dr Heinze asked about continuing the MME edits. The Agency had scheduled the next change to take place in April 2020 but this was paused due to the state of emergency. Dr. Newman asked for input from the committee on the next implementation. The Committee discussed the benefits of jumping back into the dose decrease plan. Higher doses will be on PA and the criteria for this was created by pain specialists throughout the state. The Committee also discussed potential impacts on pain prescribing that may occur due to legislative changes surrounding medical cannabis.

Opiate Partial Agonists: AHFS 280812
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the opiate partial agonists included in this review are listed in Table 1 on page 247. All agents are available in a generic formulation.

In January 2022 the FDA released a Drug Safety Communication warning that dental problems have been reported with medicines containing buprenorphine that are dissolved in the mouth. The dental problems, including tooth decay, cavities, oral infections, and loss of teeth, can be serious and have been reported even in patients with no history of dental issues. Despite these risks, buprenorphine is an important treatment option for opioid use disorder (OUD) and pain, and the benefits of these medicines outweigh the risks.

There is insufficient evidence to support that one brand opiate partial agonist is safer or more efficacious than another. Due to the potential risk of abuse, buprenorphine and buprenorphine and naloxone should be managed through the medical justification portion of the prior authorization process. Approval should only be granted for patients with a diagnosis of opioid dependence. Since the completion of this review, section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), has removed the federal requirement for practitioners to have a waiver to prescribe medications, like buprenorphine, for the treatment of opioid use disorder. All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for Opioid Use Disorder in their practice if permitted by applicable state law. SAMHSA and DEA are actively working on implementation of a separate provision of the Omnibus related to training requirements for DEA registration that becomes effective in June 2023.

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.

Dr. Newman stated that the federal government passed a law that lifts the DEA-X waiver requirement to prescribe buprenorphine. The Alabama Board of Medical Examiners (BME) are updating its rules pursuant to the new federal law. The Agency will be updating its criteria to match the federal and state guidance.

Selective Serotonin Agonists: AHFS 283228
Manufacturer comments on behalf of these products:
None

Dr. Trinh commented that the selective serotonin agonists that are included in this review are listed in Table 1 on page 319. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

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.

Antiemetics, Antihistamines: AHFS 562208
Manufacturer comments on behalf of these products:
None

Dr. Trinh commented that the antihistamine antiemetics included in this review are listed in Table 1 on page 425. All of the products 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 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-HT_3 Receptor Antagonists: AHFS 562220
Manufacturer comments on behalf of these products:
None

Dr. Trinh commented that the 5-HT_3 receptor antagonists included in this review are listed in Table 1 on page 468. All agents are available in a generic formulation, with the exception of dolasetron. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

No brand 5-HT_3 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 562232
Manufacturer comments on behalf of these products:
None

Dr. Trinh commented that the neurokinin-1 receptor antagonists included in this review are listed in Table 1 on page 557. Aprepitant and fosaprepitant 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 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. Trinh commented that the miscellaneous antiemetics that are included in this review are listed in Table 1 on page 613. 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.

The miscellaneous antiemetics are approved for the prevention and treatment of chemotherapy-induced nausea and vomiting, postoperative nausea and vomiting, motion sickness, and acquired immunodeficiency syndrome-related anorexia. Amisulpride is a selective dopamine-2 (D2) and dopamine-3 (D3) receptor antagonist, dronabinol is an orally active cannabinoid, and scopolamine is an anticholinergic agent. Amisulpride is approved for the prevention of PONV either alone or in combination with an antiemetic of a

different class and for the treatment of PONV in patients who have received antiemetic prophylaxis with an agent of a different class or have not received prophylaxis. It is given as a single intravenous injection infused over one to two minutes. Amisulpride carries a warning/precaution for QT prolongation, which occurs in a dose- and concentration-dependent manner.

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.

Anxiolytics, Sedatives, and Hypnotics – Barbiturates: AHFS 282404
Manufacturer comments on behalf of these products:
None

Dr. Bacon noted that the barbiturates included in this review are listed in Table 1 on page 750. Pentobarbital and phenobarbital 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 barbiturate 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.

Anxiolytics, Sedatives, and Hypnotics – Benzodiazepines: AHFS 282408
Manufacturer comments on behalf of these products:
None

Dr. Bacon noted that benzodiazepines included in this review are listed in Table 1 beginning on page 780. All are available in a generic formulation. Loreev XR is an extended-release capsule formulation of lorazepam. It is indicated for the treatment of anxiety disorders in adults who are receiving stable, evenly divided, three times daily dosing with lorazepam tablets.

The benzodiazepines are approved for a variety of indications including treatment of anxiety, insomnia, seizures, and alcohol withdrawal. Although guideline updates have occurred, there have been no major changes in the treatment guidelines or clinical studies since this class was last reviewed.

No brand benzodiazepine 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.

Anxiolytics, Sedatives, and Hypnotics – Miscellaneous: AHFS 282492
Manufacturer comments on behalf of these products:
None

Dr. Bacon noted that the miscellaneous anxiolytics, sedatives, and hypnotics included in this review are listed in Table 1 on page 843. All are available in a generic formulation except for tasimelteon (Hetlioz®). Tasimelteon has gained approval for the treatment of nighttime sleep disturbances in Smith-Magenis Syndrome in patients three to 15 years of age (oral suspension) and ≥16 years of age (capsule).

No brand miscellaneous anxiolytic, sedative, and hypnotic 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.

Orexin Receptor Antagonists: AHFS 282440
Manufacturer comments on behalf of these products:
None

Dr. Bacon noted that the orexin receptor antagonists included in this review are listed in Table 1 on page 937. This review encompasses all dosage forms and strengths. None of the products are available in a generic formulation. These agents were previously included in the miscellaneous anxiolytics, sedatives, and hypnotics AHFS class.

The orexin receptor antagonists are approved for the treatment of patients with insomnia characterized by difficulties with sleep onset and/or sleep maintenance. These agents are Schedule IV controlled substances, producing similar effects as zolpidem in an abuse liability study. The American Academy of Sleep Medicine lists the orexin receptor antagonists as an option for the treatment of sleep maintenance insomnia. Symptom pattern, treatment goals, past treatment responses, patient preference, comorbid conditions, contraindications, drug interactions and adverse events should be considered when selecting a specific agent for the treatment of insomnia.

There is insufficient evidence to support that one brand orexin 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 orexin 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 orexin 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.

Livtencity® (maribavir): AHFS 081892 (Antivirals, Miscellaneous)
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that maribavir (Livtencity®) is a cytomegalovirus (CMV) pUL97 kinase inhibitor indicated for the treatment of adults and pediatric patients (12 years of age and older and weighing at least 35 kg) with post-transplant CMV infection/disease that is refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir or foscarnet. This is the first drug approved for use in this specific population. Maribavir received Breakthrough Therapy and Priority Review designations for this indication. In the SOLSTICE trial, a higher proportion of patients in the maribavir group achieved confirmed CMV viremia clearance at week eight than in the investigator-assigned therapy group (55.7 vs 23.9%; $P<0.001$). Guidelines have not been updated since the approval of maribavir, but the American Society for Transplantation and Cellular Therapy Series recommends "for refractory CMV without known resistant mutations, optimize dosing of current ganciclovir as appropriate, switch to foscarnet as next-line option, then consider maribavir through early access or trial participation for investigational agents."

Maribavir (Livtencity®) 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, it should be managed through the medical justification portion of the prior authorization process. Maribavir (Livtencity®) offers no significant clinical advantage over other alternatives in general use.

Maribavir (Livtencity®) is not 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 agents within the miscellaneous antivirals class.

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

Skin and Mucous Membrane Antibacterials: AHFS 840404
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that the skin and mucous membrane antibacterials included in this review are listed in Table 1 on page 6. Most of the agents within this class are available in a generic formulation. Clindamycin is now available as a vaginal gel under the brand name Xaciato®. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

No brand skin and mucous membrane antibacterial 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.

Skin and Mucous Membrane Antivirals: AHFS 840406
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that the skin and mucous membrane antivirals included in this review are listed in Table 1 on page 54. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

No brand skin and mucous membrane antiviral 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.

Skin and Mucous Membrane Antifungals: AHFS 840408
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that the skin and mucous membrane antifungals included in this review are listed in Table 1 on page 79. Many of the antifungals 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 skin and mucous membrane antifungal 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.

Skin and Mucous Membrane Local Anti-infectives, Miscellaneous: AHFS 840492
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that the skin and mucous membrane miscellaneous local anti-infectives included in this review are listed in Table 1 on page 207. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

No brand skin and mucous membrane miscellaneous local anti-infective 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.

Skin and Mucous Membrane Corticosteroids: AHFS 840608
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that the skin and mucous membrane corticosteroids included in this review are listed in Table 1 on page 227. The relative potency ratings of the topical corticosteroids are listed in Table 2. There is at least one topical corticosteroid available in a generic formulation in each potency category. Hydrocortisone is also available over-the-counter. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

No brand skin and mucous membrane corticosteroid 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.

Skin and Mucous Membrane Nonsteroidal Anti-inflammatory Agents: AHFS 840620
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that currently there are no prescription medications classified by American Hospital Formulary Service (AHFS) as Skin and Mucous Membrane Nonsteroidal Anti-inflammatory Agents.

No brand skin and mucous membrane nonsteroidal anti-inflammatory agent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 840620 in the Preferred Drug List (PDL) screening process. If new prescription skin and mucous membrane nonsteroidal anti-inflammatory agents are added, it is recommended that this class be re-reviewed.
There were no further discussions on the agents in this class. Chairperson Heinze asked the P&T Committee members to mark their ballots.

Skin and Mucous Membrane Miscellaneous Anti-inflammatory Agents: AHFS 840692
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that the only skin and mucous membrane miscellaneous anti-inflammatory agent is crisaborole (Eucrisa®). Crisaborole is not 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 miscellaneous skin and mucous membrane anti-inflammatory 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.

Skin and Mucous Membrane Astringents: AHFS 841200
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that currently there are no prescription medications classified by American Hospital Formulary Service (AHFS) as Skin and Mucous Membrane Astringents.

No brand skin and mucous membrane astringent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 841200 in the Preferred Drug List (PDL) screening process. If new prescription astringent agents are added, it is recommended that this class be re-reviewed.

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

Skin and Mucous Membrane Keratolytic Agents: AHFS 842800
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the skin and mucous membrane keratolytic agents included in this review are listed in Table 1 on page 374. Urea is 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 skin and mucous membrane keratolytic 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.

Skin and Mucous Membrane Keratoplastic Agents: AHFS 843200
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that currently there are no prescription medications classified by American Hospital Formulary Service (AHFS) as keratoplastic agents.

No brand skin and mucous membrane keratoplastic agent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 843200 in the Preferred Drug List (PDL) screening process. If new prescription keratoplastic agents are added, it is recommended that this class be re-reviewed.

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

Skin and Mucous Membrane Cell Stimulants and Proliferants: AHFS 841600
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the Skin and Mucous Membrane Cell Stimulants and Proliferants included in this review are listed in Table 1 on page 562. At this time, there is not a role for the skin and mucous membrane cell stimulants and proliferants in general use.

No brand skin and mucous membrane stimulant and proliferant is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 841600 in the Preferred Drug List (PDL) screening process. If new prescription skin and mucous membrane Cell Stimulants and Proliferants are added, it is recommended that this class be re-reviewed.

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; all classes were approved as recommended. Results of voting are described in the Appendix to the minutes.

7. NEW BUISNESS

Ballots for new chair and vice-chair nominees were distributed. Dr. Newman introduced Dr. Sutton as our new P&T member. Dr. Newman also clarified that the end of the PHE has been announced by the federal government to be May 11. There will not be sudden changes going into effect on that date. Announcements will be made public before going into effect.

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for May 3, 2023 at the Medicaid Building in the Commissioner's Board Room.

9. ADJOURN

There being no further business, Dr. Hughes moved to adjourn and Dr. Carter seconded. The meeting adjourned at 3:03 p.m.

Appendix

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

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 A Rowe, MD ☒ 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

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. McRowe, MD — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Assistant Medical Director

[signature] — ☒ 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. McRowe, MD — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Assistant Medical Director

[signature] — ☒ 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

Matt Rowe, MD — X Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Assistant Medical Director

Deputy Commissioner — X Approve ☐ Approve as amended ☐ Disapprove ☐ No action

Stephanie A — X 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

Matt Rowe, MD — X Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Assistant Medical Director

Deputy Commissioner — X Approve ☐ Approve as amended ☐ Disapprove ☐ No action

Stephanie A — X 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

M Rowe, MD — ☒ 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

M Rowe, MD — ☒ 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. McRae, MD ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Assistant Medical Director

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

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

I. **Recommendation:** No brand 5-HT_3 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. McRae, MD ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Assistant Medical Director

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

Stephanie A ☒ 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

M. McRae, MD — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Assistant Medical Director

[signature] — ☐ 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

M. McRae, MD — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Assistant Medical Director

[signature] — ☐ 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

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

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

Stephanie A ☒ 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

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

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

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

N. **Recommendation:** No brand barbiturate 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

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

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

O. **Recommendation:** No brand benzodiazepine 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

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

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

P. **Recommendation:** No brand miscellaneous anxiolytic, sedative, or hypnotic 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

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

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

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

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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

R. **Recommendation:** Maribavir (Livtencity®) is not 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 agents within the miscellaneous antivirals class.

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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

S. **Recommendation:** No brand skin and mucous membrane antibacterial 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 McRae, MD ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Assistant Medical Director

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

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

T. **Recommendation:** No brand skin and mucous membrane antiviral 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

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

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

U. **Recommendation:** No brand skin and mucous membrane antifungal 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

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

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

V. **Recommendation:** No brand skin and mucous membrane scabicide or pediculicide 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.

Lindane 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

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

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

W. **Recommendation:** No brand skin and mucous membrane miscellaneous local anti-infective 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

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

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

X. **Recommendation:** No brand skin and mucous membrane corticosteroid 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

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

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

Y. **Recommendation:** No brand skin and mucous membrane nonsteroidal anti-inflammatory agent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 840620 in the Preferred Drug List (PDL) screening process. If new prescription skin and mucous membrane nonsteroidal anti-inflammatory agents are added, it is recommended that this class be re-reviewed.

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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

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

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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

AA. **Recommendation:** No brand skin and mucous membrane antipruritic or local anesthetic 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

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

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

BB. Recommendation: No brand skin and mucous membrane astringent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 841200 in the Preferred Drug List (PDL) screening process. If new prescription astringent agents are added, it is recommended that this class be re-reviewed.

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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

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

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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

DD. Recommendation: No brand skin and mucous membrane keratoplastic agent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 843200 in the Preferred Drug List (PDL) screening process. If new prescription keratoplastic agents are added, it is recommended that this class be re-reviewed.

Amendment: None

Vote: Unanimous to approve as recommended

M. McRae, MD — Assistant Medical Director: ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action

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

Stephanie A — Commissioner: ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action

EE. Recommendation: No brand miscellaneous skin and mucous membrane 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. McRae, MD — Assistant Medical Director: ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action

Deputy Commissioner: ☐ ~~Approve~~ ☐ Approve as amended ☐ Disapprove ☐ No action

Stephanie A — Commissioner: ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action

FF. Recommendation: No brand skin and mucous membrane stimulant and proliferant is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 841600 in the Preferred Drug List (PDL) screening process.

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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

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

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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

Respectfully submitted,

Rachel Bacon

Rachel Bacon, PharmD, MPH — February 9, 2023
Date