

Minutes of Meeting

Alabama Medicaid Agency Pharmacy and Therapeutics Committee

August 13, 2014

Members Present: Chairperson-Ms. Janet Allen, Dr. Julia Boothe, Dr. Lee Carter, Dr. Frances Cohenour, Dr. David Harwood, Dr. Kelli Littlejohn Newman, Vice chairperson-Ms. LaTouge Porter, Dr. Melinda Rowe, and Dr. Weily Soong

Members Absent: Dr. Elizabeth Jacobson

Patient Care Networks of Alabama (PCNA) Staff Present: None

Presenters: Dr. James Gagnon and Dr. Rachel Bastien

Presenters Present via teleconference: None

1. OPENING REMARKS

Chairperson Allen called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 9:06 a.m.

2. APPROVAL OF MINUTES

Chairperson Allen asked if there were any corrections to the May 14, 2014 P&T Committee Meeting's minutes.

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

3. PHARMACY PROGRAM UPDATE

Dr. Littlejohn Newman noted that the Preferred Drug List was updated in July. There were many additions, deletions, and new DAW requirements. Please visit website to view the complete list.

Dr. Littlejohn Newman noted that there has been a Palivizumab (Synagis[®]) criteria update due to a new American Academy of Pediatrics policy released late July. The Agency has released and posted the ALERT, updated criteria, and form.

Dr. Littlejohn Newman introduced the new PDL Administrator, Allison Scott. Ms. Scott will be joining the Medicaid team later in August. The manufacturers were encouraged to continue communication with Dr. Newman until September, to allow Ms. Scott time to acclimate herself to the new position.

Dr. Littlejohn Newman thanked P&T members LaTonage Porter and Dr. Weily Soong for their service to the State and Agency, as they were recognized as this being their last meeting due to completion of their contracts. New members will be introduced at the next meeting.

Dr. Littlejohn Newman noted the need for a verbal vote for incoming Chair and Vice-Chair. Chairperson candidate is Dr. David Harwood, and Vice Chairperson candidate is Dr. Frances Cohenour.

Dr. Littlejohn Newman stated that the Agency continues to work on Regional Care Organization (RCO) development. Please visit the RCO website for updates.

4. ORAL PRESENTATIONS BY MANUFACTURERS/MANUFACTURERS' REPRESENTATIVES

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

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

The pharmacotherapy class reviews began at approximately 9:13 a.m. There were a total of 11 drug class re-reviews. The Anthelmintics, Aminoglycosides, Cephalosporins, Miscellaneous β -Lactam Antibiotics, Chloramphenicol, Macrolides, Penicillins, Quinolones, Sulfonamides, Tetracyclines, and Antibacterials, Miscellaneous were all last reviewed in February 2012.

Anthelmintics: American Hospital Formulary Service (AHFS) 080800

Manufacturer comments on behalf of these products:

None

Dr. Gagnon commented that the anthelmintics that are included in this review are listed in Table 1. Most of the agents within this class are available in a generic formulation. Since the last review, mebendazole and pyrantel pamoate have been removed as they are no longer available and over the counter medications are not currently covered by Alabama Medicaid. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

Albendazole, ivermectin, and praziquantel are considered first-line therapy for some parasitic diseases that are not commonly seen in the United States. Therefore, patients with a diagnosis of one of these uncommon helminthic infections should be allowed approval for a brand anthelmintic through the medical justification portion of the prior authorization process.

Therefore, all brand anthelmintic 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 anthelmintic product is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Chairperson Allen asked the P&T Committee members to mark their ballots.

Aminoglycosides: AHFS 081202

Manufacturer comments on behalf of these products:

Tobi[®] Podhaler – Novartis

Dr. Gagnon commented that the aminoglycosides that are included in this review are listed in Table 1. Since the last review, paromomycin, an orally administered aminoglycoside, for the treatment of acute and chronic intestinal amebiasis and as an adjunctive therapy for management of hepatic coma, has been included in this review. In addition, branded tobramycin inhalation solution and tobramycin inhalation powder have been added to this review. All of the aminoglycosides are available in a generic formulation, with the exception of tobramycin inhalation powder.

Current treatment guidelines that incorporate the use of aminoglycosides are summarized in Table 3. Included in this table is an updated guideline for the treatment of cystic fibrosis. The Cystic Fibrosis Foundation Cystic Fibrosis Pulmonary Guidelines note that for patients with cystic fibrosis, six years of age and older, who have moderate to severe lung disease with *Pseudomonas aeruginosa* persistently present in cultures of the airways, the chronic use of inhaled tobramycin to improve lung function, improve quality of life, and reduce exacerbations is strongly recommended. The guideline also states that for patients with cystic fibrosis, six years of age or older, who have mild lung disease, and with *Pseudomonas aeruginosa* persistently present in cultures of the airways, chronic use of inhaled tobramycin to reduce exacerbations is recommended. Several other guidelines included in this table have been updated since the class was last reviewed. However, these updates do not consist of significant changes concerning the recommended utilization of the aminoglycosides.

Clinical trials have demonstrated that treatment with tobramycin has been associated with improvements in pulmonary function, improved quality of life, decreased requirement for intravenous anti-pseudomonal antibiotics, and a decrease in hospitalizations compared to placebo. Additionally, open label studies following patients for up to two years have also demonstrated continued benefit over time. One trial was identified that compared tobramycin inhalation powder to tobramycin inhalation solution with no difference in efficacy evident from the result. Additionally, no significant difference in efficacy was noted in the identified trial comparing the

300 mg/4mL nebulization solution dosage form of tobramycin to the 300 mg/5mL dosage form. Paromomycin has been evaluated in clinical trials included in this review and demonstrate its safety and efficacy for the treatment of intestinal amebiasis and for the management of endotoxemia.

In conclusion, the parenteral aminoglycosides are often used empirically as monotherapy or in combination with other antibacterial agents to treat serious infections, such as septicemia, respiratory tract infections, and complicated urinary tract infections. All of the aminoglycosides are available in a generic formulation, with the exception of tobramycin inhalation powder.

Tobramycin inhalation powder provides a dosing option with decreased medication administration time, compared to the tobramycin inhalation solution. However, there is no clinical evidence of differences in efficacy with the various inhaled tobramycin formulations.

Therefore, all brand aminoglycosides 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. Tobramycin inhalation solution and inhalation powder has been shown to improve lung function and reduce exacerbations in cystic fibrosis patients colonized with *Pseudomonas aeruginosa*. Therefore, these patients should be allowed approval for inhalation solution and inhalation powder through the medical justification portion of the prior authorization process.

No brand aminoglycosides product is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Chairperson Allen asked the P&T Committee members to mark their ballots.

Cephalosporins: AHFS 081206

Manufacturer comments on behalf of these products:

None

Dr. Gagnon commented that the cephalosporins that are included in this review are listed in Table 1. This review encompasses all dosage forms and strengths. All of the cephalosporins are available in a generic formulation with the exception of cefixime, ceftaroline, and ceftibuten. This class was last reviewed in February 2012. There have been no major changes in the prescribing information or clinical trials since the class was last reviewed.

There is insufficient evidence to support that one brand cephalosporin 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 cephalosporins 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 cephalosporin 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.

Chairperson Allen asked the P&T Committee members to mark their ballots.

Miscellaneous β -Lactam Antibiotics: AHFS 081207

Manufacturer comments on behalf of these products:

None

Dr. Gagnon commented that the miscellaneous β -lactam antibiotics that are included in this review are listed in Table 1. All of the injectable products are available in a generic formulation, with the exception of doripenem and ertapenem.

Current treatment guidelines that incorporate the use of aminoglycosides are summarized in Table 3. Included in this table is an updated guideline for the treatment of cystic fibrosis. The Cystic Fibrosis Foundation Cystic Fibrosis Pulmonary Guidelines note that for patients with cystic fibrosis, six years of age and older, who have moderate to severe lung disease with *Pseudomonas aeruginosa* persistently present in cultures of the airways, the chronic use of inhaled aztreonam to improve lung function and quality of life is strongly recommended. The guideline also states that for patients with cystic fibrosis, six years of age or older, who have mild lung disease, and with *Pseudomonas aeruginosa* persistently present in cultures of the airways, chronic use of inhaled aztreonam to improve lung function and quality of life is recommended. Several other guidelines included in this table have been updated since the class was last reviewed. However, these updates do not consist of significant changes concerning the recommended utilization of the miscellaneous β -Lactam antibiotics. There have been no major changes in the prescribing information or clinical trials since the class was last reviewed.

There is insufficient evidence to support that one brand miscellaneous β -lactam is safer or more efficacious than another within its given indication. With the exception of aztreonam inhalation solution, the miscellaneous β -lactam antibiotics are only available in an injectable formulation and are primarily administered in the inpatient setting. Since these agents are not indicated as first-line therapy for the management of common infectious diseases that would be seen in general use and due to concerns for the development of resistance, these agents should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand miscellaneous β -lactam antibiotics 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. Aztreonam inhalation solution has been shown to improve lung function and reduce exacerbations in cystic fibrosis patients colonized with *Pseudomonas aeruginosa*. Therefore, these patients should be allowed approval for aztreonam inhalation solution through the medical justification portion of the prior authorization process.

No brand miscellaneous β -lactam antibiotics product is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Chairperson Allen asked the P&T Committee members to mark their ballots.

Chloramphenicol: AHFS 081208

Manufacturer comments on behalf of these products:

None

Dr. Gagnon commented that the chloramphenicol products that are included in this review are listed in Table 1. Chloramphenicol 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.

There is insufficient evidence to support that one brand chloramphenicol product 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 chloramphenicol 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 chloramphenicol product is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Chairperson Allen asked the P&T Committee members to mark their ballots.

Macrolides: AHFS 081212

Manufacturer comments on behalf of these products:

None

Dr. Gagnon commented that the macrolides that are included in this review are listed in Table 1. This review encompasses all dosage forms and strengths. Several of the macrolides are available in a generic formulation, with the exception of erythromycin lactobionate, erythromycin stearate, fidaxomicin and telithromycin.

Current treatment guidelines that incorporate the use of the macrolides are summarized in Table 3. Included in this table is an updated guideline for the treatment of *Clostridium difficile* infection. The European Society of Clinical Microbiology and Infectious Diseases note that for the treatment of *Clostridium difficile* infection, alternatives with moderately supported recommendation include vancomycin 125 mg four times daily for 10 days and fidaxomicin 200 mg twice daily for 10 days. Several other guidelines included in this table have been updated since the class was last reviewed. However, these updates do not consist of significant changes concerning the recommended utilization of the macrolides.

Since the last review, two trials comparing fidaxomicin to vancomycin for the treatment of *Clostridium difficile* were included in the review. These two trials demonstrated similar outcomes

to trials previously included in the review; that the fidaxomicin was non-inferior to vancomycin. There have been no other changes in the clinical trials since the class was last reviewed.

Safety concerns with telithromycin have led to changes in the prescribing information, including stronger warnings regarding hepatotoxicity, visual disturbances and loss of consciousness. There have been reports of fatal and life-threatening respiratory failure in patients with myasthenia gravis; therefore, telithromycin is contraindicated in this population. This agent is only indicated for the treatment of community-acquired pneumonia and there is a lack of data demonstrating clinical advantages over other macrolides.

Therefore, all brand macrolides 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. Telithromycin possesses an extensive adverse effect profile compared to the other brands and generics products in the class (if applicable) and should be managed through the existing medical justification portion of the prior authorization process.

No brand macrolide 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 telithromycin product is recommended for preferred status, regardless of cost.

Chairperson Allen asked the P&T Committee members to mark their ballots.

Penicillins: AHFS 081216

Manufacturer comments on behalf of these products:

None

Dr. Bastien commented that penicillins included in this review are listed in Table 1. The majority of penicillins are available in generic formulation, with the exception of penicillin G benzathine (with or without penicillin G procaine) and ticarcillin-clavulanate.

Penicillins are approved to treat a variety of infections, and current treatment guidelines that incorporate the use of penicillins are summarized in Table 4. Clinical guidelines in this table have been added since the class was last reviewed. The newly included clinical guidelines reinforce previously included literature and do not significantly alter the recommended role of the penicillins.

There is insufficient evidence to support that one brand of penicillin 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 penicillins 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 penicillin 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.

Chairperson Allen asked the P&T Committee members to mark their ballots.

Quinolones: AHFS 081218

Manufacturer comments on behalf of these products:

None

Dr. Bastien commented that the quinolones included in this review are listed in Table 1. This review encompasses all dosage forms and strengths. Ciprofloxacin, levofloxacin and ofloxacin are available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines or clinical studies since this class was last reviewed.

There is insufficient evidence to support that one brand quinolone 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 quinolones 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 quinolone 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.

Chairperson Allen asked the P&T Committee members to mark their ballots.

Sulfonamides: AHFS 081220

Manufacturer comments on behalf of these products:

None

Dr. Bastien commented that the sulfonamides included in this review are listed in Table 1. This review encompasses all dosage forms and strengths. All of the products are available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

There is insufficient evidence to support that one brand sulfonamide 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 sulfonamide 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 sulfonamide product is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Chairperson Allen asked the P&T Committee members to mark their ballots.

Tetracyclines: AHFS 081224

Manufacturer comments on behalf of these products:

None

Dr. Bastien commented that the tetracyclines included in this review are listed in Table 1. This review encompasses all dosage forms and strengths. All of the agents with the exception of tigecycline (Tygacil®) 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. However, studies demonstrating a favorable therapeutic response with tigecycline treatment have been added.

There is insufficient evidence to support that one brand tetracycline 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 tetracyclines 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 tetracycline 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.

Chairperson Allen asked the P&T Committee members to mark their ballots.

Antibacterials, Miscellaneous: AHFS 081228

Manufacturer comments on behalf of these products:

None

Dr. Bastien commented that the miscellaneous antibacterials are a diverse group of products that are used to treat many different types of infections. The Food and Drug Administration-approved indications vary depending on the particular agent and antimicrobial properties. It is important to analyze current treatment guidelines and published studies when making therapeutic decisions about the miscellaneous antibacterial agents. The miscellaneous antibacterials that are included in this review are listed in Table 1. This review encompasses all dosage forms and strengths. A number of agents in the class are available in a generic formulation.

Current treatment guidelines that incorporate the use of the miscellaneous antibacterials are summarized in Table 4. Clinical guidelines in this table have been added since the class was last reviewed. The newly included clinical guidelines reinforce previously included literature and do not significantly alter the recommended role of the medications reviewed in this section.

There have been no significant changes in clinical studies since the class was last reviewed. Some trials have been added since the last review; however, these updates do not contain changes that are significantly different than the other trials included.

There is insufficient evidence to support that one brand miscellaneous antibacterial is safer or more efficacious than another within its given indication. Since the majority of these agents are not indicated as first-line therapy for the management of common infectious diseases that would be seen in general use and due to concerns for the development of resistance, these agents should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand miscellaneous antibacterials 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 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.

Chairperson Allen asked the P&T Committee members to mark their ballots.

6. RESULTS OF VOTING ANNOUNCED

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

7. NEW BUSINESS

Dr. Littlejohn asked the P&T Committee members to vote for a new Chair and Vice Chair. Dr. David Harwood was voted the new Chairperson, and Dr. Frances Cohenour was voted the new Vice Chairperson, both unanimously via a verbal ballot.

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for November 12, 2014 at the Medicaid Building in the Commissioner's Board Room.

9. ADJOURN

There being no further business, Dr. Harwood moved to adjourn and Dr. Cohenour seconded. The meeting adjourned at 9:44 a.m.

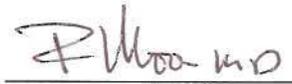
Appendix

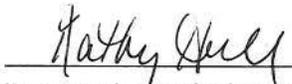
RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
August 13, 2014

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

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

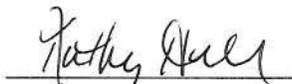
 Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

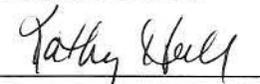
 Approve Approve as amended Disapprove No action
Commissioner

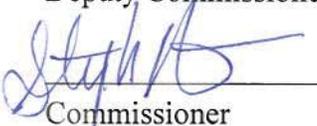
C. **Recommendation:** No brand cephalosporin is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

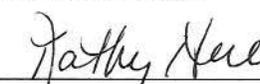
 Approve Approve as amended Disapprove No action
Commissioner

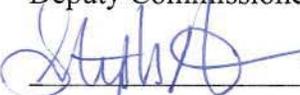
D. **Recommendation:** No brand miscellaneous β -lactam antibiotics product is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

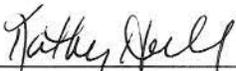
 Approve Approve as amended Disapprove No action
Commissioner

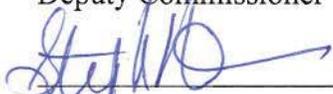
E. Recommendation: No brand chloramphenicol product is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

 Approve Approve as amended Disapprove No action
Commissioner

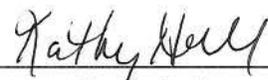
F. Recommendation: No brand macrolide is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

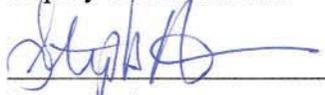
No brand telithromycin product is recommended for preferred status, regardless of cost.

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

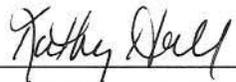
 Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

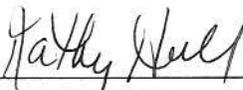
 Approve Approve as amended Disapprove No action
Commissioner

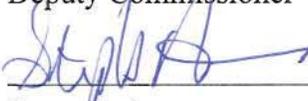
H. Recommendation: No brand quinolone is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

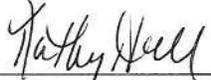
 Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

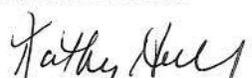
 Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

 Approve Approve as amended Disapprove No action
Commissioner

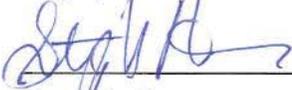
K. Recommendation: No brand miscellaneous antibacterial is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

 Approve Approve as amended Disapprove No action
Commissioner

Respectfully submitted,



08/18/2014

Rachel Bastien, Pharm.D.

Date