Minutes of Meeting

Alabama Medicaid Agency
Pharmacy and Therapeutics Committee

May 6, 2020

Members Present: Dr. Lee Carter (Vice-Chairperson), Dr. Kimberly Graham, Dr. Albert Holloway, Dr. Peter Hughes, Dr. Frances Heinze (Chairperson), Dr. Kelli Littlejohn Newman, Dr. Melinda Rowe, Dr. Robert Smith, and Dr. Amanda Williams

Members Absent: None

ACHN Pharmacists Present and Additional Attendees via Teleconference: 45 call-in attendees

Presenters: Dr. Rachel Bacon and Dr. Alan Gabot

1. OPENING REMARKS

Chairperson Heinze called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 9:16 a.m.

2. APPROVAL OF MINUTES

Chairperson Heinze asked if there were any corrections to the minutes from the February 5, 2020 P&T Committee Meeting.

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

3. PHARMACY PROGRAM UPDATE

Dr. Newman stated that everyone's flexibility with utilizing a virtual meeting is appreciated. The Agency has moved quickly to provide ALERTs, policy changes, and emergency updates related to the COVID-19 pandemic. Please visit the website for updated and detailed information. Thank you to all providers for stepping up to the challenges of patient care during this time. Agency contractors have been working remotely through secure VPNs and have succeeded in a seamless transition. Remdesivir is not yet approved by the FDA but distribution by the federal government to certain locations is beginning. Emergency P&T recommendations may be needed if and when this drug gains FDA-approval.

4. ORAL PRESENTATIONS BY MANUFACTURERS/MANUFACTURERS' REPRESENTATIVES

Five-minute verbal presentations were made on behalf of pharmaceutical manufacturers. The process and timing system for the manufacturers' oral presentations was explained. The drugs and corresponding manufacturers are listed below with the appropriate therapeutic class. There was a total of 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 9:18 a.m. There were a total of 12 drug class re-reviews. The inhaled antimuscarinics, respiratory β-adrenergic agonists, leukotriene modifiers, inhaled mast-cell stabilizers, respiratory agents-corticosteroids, respiratory smooth muscle relaxants, and intranasal corticosteroids were last reviewed in February 2018. The eye, ear, nose and throat preparations-antiallergic agents, eye, ear, nose and throat preparations-antibacterials, eye, ear, nose and throat preparations-vasoconstrictors, androgens, and complement inhibitors for the treatment of hereditary angioedema were last reviewed in May 2018.

Inhaled Antimuscarinics: American Hospital Formulary Service (AHFS) 120808
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the inhaled antimuscarinics included in this review are listed in Table 1 on page 11. Lonhala Magnair® is a new formulation of glycopyrrolate that has been approved since the last review. It is dosed twice-daily via nebulizer. Yupelri® (revefenacin) was FDA-approved in November 2018 for the maintenance treatment of patients with COPD. It is administered once daily via nebulizer. Revefenacin has demonstrated significant improvements in FEV_1 compared to placebo, and similar changes in FEV_1 to that of tiotropium.

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) guideline was updated in 2020. Initiation of maintenance pharmacological therapy should be based on the individualized assessment of symptoms and exacerbation risk. Generally, a long-acting β_2 agonist or long-acting antimuscarinic agent is recommended when beginning treatment. Patients may be started on single long-acting bronchodilator therapy or dual long-acting bronchodilator therapy. In patients with persistent dyspnea on one bronchodilator should be escalated to two. Short-acting inhaled β_2-agonists with or without short-acting anticholinergics are recommended as the initial bronchodilators for treatment of an acute exacerbation.

Therefore, all brand short-acting inhaled antimuscarinics 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. Aclidinium, glycopyrrolate, revefenacin, tiotropium, and umeclidinium offer significant clinical advantages in general use over short-acting inhaled antimuscarinics.

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

At least one long-acting inhaled antimuscarinic is recommended for preferred status. Alabama Medicaid should work with manufacturers on cost proposals so that at least one brand long-acting antimuscarinic is selected as a preferred agent.

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

Respiratory Beta-Adrenergic Agonists: AHFS 121208
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the respiratory β_2-agonists included in this review are listed in Table 1 on page 94. In 2019 a new combination product containing aclidinium and formoterol was approved for the maintenance treatment of patients with COPD under the brand name Duaklir Pressair®. New albuterol formulations and generics have also become available.

In May 2019 the boxed warnings were removed from arformoterol, formoterol, indacaterol, olodaterol, and vilanterol containing products, and warnings were added for serious asthma-related events. The warning states that use of long-acting β_2-agonists (LABAs) as monotherapy [without inhaled corticosteroids (ICS)] for asthma is associated with an increased risk of asthma-related death. Available data from controlled clinical trials also suggest that use of LABA as monotherapy increases the risk of asthma-related hospitalization in pediatric and adolescent patients. These findings are considered a class effect of LABA monotherapy. When LABA are used in fixed-dose combination with ICS, data from large clinical trials do not show a significant increase in the risk of serious asthma-related events (hospitalizations, intubations, death) compared with ICS alone.

In 2019, the Global Initiative for Asthma (GINA) published new recommendations, prompted by concerns about the risks and consequences of the long-standing approach of initiating asthma treatment with short-acting β_2-agonists (SABA) alone. "For safety, GINA no longer recommends treatment of asthma in adolescents and adults with SABA alone. Instead, to reduce their risk of serious exacerbations, all adults and adolescents with asthma should receive either symptom-driven (in mild asthma) or daily inhaled corticosteroid (ICS)-containing treatment." For the long-term maintenance treatment of asthma, a daily low-dose ICS is recommended. When additional therapy is needed, guidelines recommend the use of a low-dose ICS-LABA combination in children six to 12 years of age and adults.

Therefore, all brand short-acting respiratory beta-adrenergic agonists within the class reviewed are comparable to each other and to the generic products (if available) and offer no significant clinical advantage over other alternatives in general use. The brand long-acting respiratory beta-adrenergic agonists offer significant clinical advantages over the short-acting respiratory beta-adrenergic agonists and are comparable to each other and to the generic products (if available). However, for patients with asthma, the long-acting respiratory beta-adrenergic agonists are not recommended as first-line therapy. For patients with COPD, the long-acting respiratory beta-adrenergic agonists do not offer significant clinical advantages over other long-acting inhaled bronchodilators (e.g., inhaled antimuscarinics). Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

No brand respiratory beta-adrenergic 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.

Leukotriene Modifiers: AHFS 481024
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the leukotriene modifiers included in this review are listed in Table 1 on page 220. Montelukast and zafirlukast are classified as leukotriene receptor antagonists, whereas zileuton is classified as a 5-lipoxygenase inhibitor. All agents are available in a generic formulation.

Although there have been updates to the existing treatment guidelines in Table 2, there have been no major or clinically significant updates pertaining to these products.

A boxed warning has been added for montelukast. Serious neuropsychiatric events have been reported with the use of montelukast. The types of events reported were highly variable, and included, but were not limited to, agitation, aggression, depression, sleep disturbances, and suicidal thoughts and behavior. The mechanisms underlying neuropsychiatric events associated with montelukast use are currently not well understood. Reserve use of montelukast for patients with allergic rhinitis who have an inadequate response or intolerance to alternative therapies. In patients with asthma or exercise-induced bronchoconstriction, consider the benefits and risks before prescribing montelukast.

There is insufficient evidence to support that one brand leukotriene modifier is more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand leukotriene modifiers 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 leukotriene modifier 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.

Inhaled Mast-Cell Stabilizers: AHFS 481032
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that turning to page 272, cromolyn sodium inhalation solution is the only inhaled mast-cell stabilizer that is currently available in this class, and it is available in a generic formulation. Inhaled mast-cell stabilizers have a favorable safety profile but low efficacy for the treatment of asthma. The 2019 Global Initiative for Asthma guidelines do not recommend inhaled mast cell stabilizers for routine use.

Therefore, all brand inhaled mast-cell stabilizers 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 inhaled mast-cell stabilizer 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.

Respiratory Agents-Corticosteroids: AHFS 481008
Manufacturer comments on behalf of these products:
Alvesco® - Covis Pharma

Dr. Bacon commented that the respiratory corticosteroids included in this review are listed in Table 1 on page 289. The combination product fluticasone furoate, umeclidinium, and vilanterol (Trelegy Ellipta®) was approved in 2017 for the maintenance treatment of patients with COPD. It is the first once-daily single inhaler triple therapy for the treatment of patients with COPD in the US. As stated in previous sections, updates to boxed warnings, GINA guidelines, and GOLD guidelines have occurred.

Given the role of the single entity inhaled corticosteroids in the management of asthma, one or more brand products within the class reviewed offers significant clinical advantage in general use over the generic products (if applicable), but is comparable to all other brands in the same class. All brand fixed-dose combination inhaled corticosteroids 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. The fixed-dose combination inhaled corticosteroids should be available through the medical justification portion of the prior authorization process for patients who require the combination of an inhaled corticosteroid and LABA to control their respiratory symptoms.

Alabama Medicaid should work with manufacturers on cost proposals so that at least one single entity respiratory agents-corticosteroids is selected as a preferred agent.

No brand fixed-dose combination respiratory agents-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.

Respiratory Smooth Muscle Relaxants: AHFS 861600
Manufacturer comments on behalf of these products:
None

Dr. Gabot commented that the respiratory smooth muscle relaxants included in this review are listed in Table 1 on page 492. All agents are available in a generic formulation. There have been no major changes in prescribing information, treatment guidelines, or clinical studies impacting the use of these agents since the class was last reviewed.

There is insufficient evidence to support that one brand respiratory smooth muscle relaxant is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

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

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

Intranasal Corticosteroids: AHFS 520808
Manufacturer comments on behalf of these products:
None

Dr. Gabot commented that the intranasal corticosteroids included in this review are listed in Table 1 on page 539. Flunisolide, fluticasone propionate, and mometasone are available in a generic formulation. Two new dosage formulations have been approved for the treatment of nasal polyps in patients 18 years of age and older, Xhance® (fluticasone propionate nasal spray) and Sinuva® (mometasone furoate sinus implant). Xhance® is delivered into the nose by actuating the pump spray into one nostril while simultaneously blowing into the mouthpiece of the device. Sinuva® is to be inserted in the ethmoid sinus under endoscopic visualization by physicians trained in otolaryngology.

There is insufficient evidence to support that one brand intranasal corticosteroid 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 intranasal corticosteroids 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 intranasal 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.

Eye, Ear, Nose, and Throat Preparations: Antiallergic Agents: AHFS 520200
Manufacturer comments on behalf of these products:
None

Dr. Gabot commented that the EENT antiallergic agents included in this review are listed in Table 1 on page 607. Azelastine, cromolyn, epinastine, and olopatadine 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.

There is insufficient evidence to support that one brand EENT antiallergic agent 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 EENT antiallergic 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 EENT antiallergic 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.

Eye, Ear, Nose, and Throat Preparations: Antibacterials: AHFS 520404
Manufacturer comments on behalf of these products:
None

Dr. Gabot commented that the EENT antibacterials included in this review are listed in Table 1 on page 657. Many of the products are available in a generic formulation. Since the last review, ciprofloxacin has been approved for the treatment of acute otitis externa in patients ≥6 months of age due to Pseudomonas aeruginosa and Staphylococcus aureus. For this indication, ciprofloxacin should be administered by a healthcare professional only as a single 0.2 mL (12 mg) administration to the external ear canal of each affected ear. A trial evaluated ciprofloxacin 6% suspension in patients aged six months to 17 years with a history of otitis media requiring bilateral tympanostomy tube replacement for eight weeks. The primary endpoint was the rates of otorrhea through weeks four and eight and the rate of otorrhea via unscheduled visits through Day 15. In per-protocol population, otorrhea rates through Day 15 were 8.8%, 6.6%, 3.3% in wet/wet, wet/dry, and dry/dry ears, respectively.

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

Therefore, all brand EENT 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 EENT 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.

Eye, Ear, Nose, and Throat Preparations: Vasoconstrictors: AHFS 523200
Manufacturer comments on behalf of these products:
None

Dr. Gabot commented that the EENT vasoconstrictors included in this review are listed in Table 1 on page 754. Phenylephrine is currently the only agent, and it is 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.

There is insufficient evidence to support that one brand EENT vasoconstrictor 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 EENT vasoconstrictors 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 EENT vasoconstrictor 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.

Androgens: AHFS 680800
Manufacturer comments on behalf of these products:

Dr. Bacon stated that the androgens included in this review are listed in Table 1 on page 767. A new dosage form of testosterone enanthate, Xyosted®, was approved in October 2018 for testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone.

Xyosted® is the first subcutaneous testosterone autoinjector product, and it dosed weekly. Testosterone enanthate is also available generically as an intramuscular injection.

There is insufficient evidence to support that one brand androgen 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 androgens 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 androgen 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.

Complement Inhibitors for the Treatment of Hereditary Angioedema (HAE): AHFS Class 923200
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the complement inhibitors for the treatment of HAE included in this review are listed in Table 1 on page 818. Icatibant has become available in a generic formulation. Takhzyro® (lanadelumab-flyo) was approved in August 2018 for prophylaxis to prevent attacks of HAE in patients 12 years and older. It is a fully human monoclonal antibody that binds plasma kallikrein and inhibits its proteolytic activity. Lanadelumab-flyo decreases plasma kallikrein activity to control excess bradykinin generation in patients with HAE. Additionally, Cinryze® has gained approval for use in pediatric patients six years of age and older.

Numerous clinical trials have evaluated the efficacy and safety of complement inhibitors for the prophylaxis and treatment of HAE events. Several studies have demonstrated similar efficacy among the agents. The safety and efficacy of lanadelumab-flyo was studied in a multicenter, randomized, double-blind, placebo-controlled, parallel-group trial in patients 12 years of age and older with type I or II HAE. The primary endpoint of the mean rate of HAE attacks from day 0 to 182 was lower in the three lanadelumab-flyo treatment groups at 0.48, 0.53, and 0.26, compared to placebo at 1.97 ($P<0.001$ for all comparisons).

There is insufficient evidence to support that one complement inhibitor for the treatment of hereditary angioedema is safer or more efficacious than another. The drugs in this AHFS class are used in a specific patient population. Because these agents have narrow indications with limited usage, and very specific criteria must be met prior to initiating therapy, these agents should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand complement inhibitors within the class reviewed are comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use.

No brand complement inhibitor for the treatment of hereditary angioedema 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 agents.

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

6. RESULTS OF VOTING ANNOUNCED

The results of voting for each of the therapeutic classes were collected electronically; ballots were returned by all voting members and all classes were approved as recommended. Results of voting are described in the Appendix to the minutes.

7. NEW BUISNESS

None

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for August 5, 2020 at the Medicaid Building in the Commissioner's Board Room.

9. ADJOURN

Chairperson Heinze thanked the Agency for setting up a successful virtual meeting and allowing the work of the committee to continue.

There being no further business, Dr. Holloway moved to adjourn and Dr. Carter seconded. The meeting adjourned at 10:00 a.m.

Appendix

RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
May 6, 2020

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

At least one long-acting inhaled antimuscarinic is recommended for preferred status. Alabama Medicaid should work with manufacturers on cost proposals so that at least one brand long-acting antimuscarinic is selected as a preferred agent.

Amendment: None

Vote: Unanimous to approve as recommended

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

Kathy Kelly — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Deputy Commissioner

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

B. Recommendation: No brand respiratory beta-adrenergic agonist is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

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

Kathy Kelly — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Deputy Commissioner

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

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

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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

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

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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

E. Recommendation: Alabama Medicaid should work with manufacturers on cost proposals so that at least one single entity brand respiratory agents-corticosteroids is selected as a preferred agent.

No brand fixed-dose combination respiratory agents-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

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

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

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

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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

G. **Recommendation:** No brand intranasal 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

Kathy Hall — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Deputy Commissioner

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

H. **Recommendation:** No brand eye, ear, nose, and throat (EENT) antiallergic 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

Kathy Hall — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Deputy Commissioner

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

I. **Recommendation:** No brand eye, ear, nose, and throat (EENT) 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. Rowe, MD — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Assistant Medical Director

Kathy Wall — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Deputy Commissioner

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

J. **Recommendation:** No brand eye, ear, nose, and throat (EENT) vasoconstrictor is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

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

Kathy Wall — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Deputy Commissioner

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

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

Amendment: None

Vote: Unanimous to approve as recommended

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

Kathy Hall — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Deputy Commissioner

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

L. **Recommendation:** No brand complement inhibitor for the treatment of hereditary angioedema is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

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

Kathy Hall — ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Deputy Commissioner

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

Respectfully submitted,

Rachel Bacon

Rachel Bacon, PharmD — May 12, 2020 Date