

Minutes of Meeting

Alabama Medicaid Agency Pharmacy and Therapeutics Committee

November 7, 2018

Members Present: Dr. Lee Carter (Vice-chair), Dr. Frances Heinze (Chair), Dr. Elizabeth Dawson, Dr. Kimberly Graham, Dr. Kelli Littlejohn Newman, Dr. Robert Smith, Dr. Ramakanth Vemuluri, and Dr. Amanda Williams

Members Absent: Dr. Peter Julian Hughes, Dr. Melinda Rowe

Health Home/Probationary RCO Pharmacists Present via Teleconference: Allana Alexander, Amy Donaldson, Joshua Lee, Angela Lowe, Lydia Rather, and Kristian Testerman

Presenters Present: Dr. Rachel Bacon and Dr. Mckenzie Taylor

1. OPENING REMARKS

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

2. APPROVAL OF MINUTES

Chairperson Heinze asked if there were any corrections to the minutes from the August 8, 2018, P&T Committee Meeting.

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

3. PHARMACY PROGRAM UPDATE

Dr. Newman welcomed Dr. Amanda Williams to the P&T committee as a new member. HID has been awarded the administrative contract and Dr. Alex Jenkins will be joining as an audit pharmacist. Phase one of the opioid edits was implemented on November 1st which impacts initial prescriptions in opioid-naïve patients. An ALERT has gone out regarding implementation of an increased refill tolerance threshold which will become effective November 26th.

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 9:20 a.m. There were a total of 14 drug class reviews. 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, and Skin and Mucous Membrane Cell Stimulants and Proliferants were last reviewed in August 2016.

Skin and Mucous Membrane Antibacterials: American Hospital Formulary Service (AHFS) 840404

Manufacturer comments on behalf of these products:

None

Dr. Bacon 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. 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 skin and mucous membrane antibacterial 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 skin and mucous membrane 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 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. Bacon commented that the skin and mucous membrane antivirals included in this review are listed in Table 1 on page 47. Acyclovir ointment is available generically. 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 skin and mucous membrane antiviral 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 skin and mucous membrane antivirals 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 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. Taylor commented that the skin and mucous membrane antifungals included in this review are listed in Table 1 on pages 70 and 71. Many of the antifungals are available in a generic formulation. Pediatric indications are newly approved since the last review.

The European International Union Against Sexually Transmitted Infections/World Health Organization guidelines published in 2018 recommend that tinidazole be used as an alternative treatment for bacterial vaginosis. Oral metronidazole for seven days has a significantly higher cure rate than single dose treatment (88 vs 54% and 82 vs 62% at three to four weeks after completion of therapy) and is recommended as alternative treatment for bacterial vaginosis. Both were previously recommended as preferred therapy.

There is insufficient evidence to support that one brand skin and mucous membrane antifungal 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 skin and mucous membrane antifungals 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 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 Scabicides and Pediculicides: AHFS 840412

Manufacturer comments on behalf of these products:

None

Dr. Taylor commented that the skin and mucous membrane scabicides and pediculicides included in this review are listed in Table 1 on page 156. All of the products are available in a generic formulation, with the exception of ivermectin. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

Therefore, 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 Local Anti-infectives, Miscellaneous: AHFS 840492

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the skin and mucous membrane miscellaneous local anti-infectives included in this review are listed in Table 1 on page 188. All products are available in a generic formulation with the exception of sulfanilamide. 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 skin and mucous membrane miscellaneous local anti-infective 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 skin and mucous membrane miscellaneous local anti-infectives 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 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. Bacon commented that the skin and mucous membrane corticosteroids included in this review are listed in Table 1 on pages 215 and 216. The agents in this class were previously included in the skin and mucous membrane local anti-inflammatory agents. The local anti-inflammatory agents class has been divided by AHFS into three classes: corticosteroids, nonsteroidal anti-inflammatory agents, and miscellaneous anti-inflammatory agents. The majority of agents are now included in the corticosteroid class. 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.

Since the last review, a new spray formulation of betamethasone dipropionate has been approved under the brand name Sernivo[®]. It is approved as a treatment for mild to moderate plaque psoriasis in patients aged 18 years and older.

There is insufficient evidence to support that one brand skin and mucous membrane 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 skin and mucous membrane 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 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. Bacon 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:

Eucrisa[®] - Pfizer

Dr. Bacon commented that the only skin and mucous membrane miscellaneous anti-inflammatory agent is Crisaborole (Eucrisa[®]). Crisaborole is not available in a generic formulation. Crisaborole is a topical phosphodiesterase 4 (PDE4) inhibitor Food and Drug Administration (FDA)-approved for the treatment of mild-to-moderate atopic dermatitis in patients two years of age and older. Crisaborole inhibits PDE4, suppressing the release of inflammatory cytokines and preventing inflammation.

Clinical guidelines support a multipronged approach to optimal management of atopic dermatitis based upon disease severity. Proper skin hydration with emollients and patient education on reducing exacerbating factors are integral strategies to the treatment of all atopic dermatitis patients. Topical corticosteroids are the first-line of pharmacological treatment in atopic dermatitis. Varying potencies and formulations are used depending on disease severity and site of application. Topical calcineurin inhibitors are a second-line alternative to topical corticosteroids for treatment of moderate-to-severe disease in patients two years of age and older who are unresponsive, intolerant, or have a contraindication to conventional therapy. In severe disease, systemic therapy or phototherapy may be appropriate to achieve adequate disease control.

Crisaborole introduces a novel nonsteroidal, anti-inflammatory mechanism for treating atopic dermatitis. In phase III clinical trials, treatment with crisaborole has demonstrated efficacy in reducing physical and psychosocial symptoms of atopic dermatitis compared to vehicle. Crisaborole has not been evaluated in patients with severe atopic dermatitis or in head-to-head trials with other alternative therapies such as topical corticosteroids or topical calcineurin inhibitors. Clinical guidelines have not yet included the place in therapy of crisaborole. Crisaborole provides an alternative to patients with contraindications to or who are intolerant of standard of care therapy, due to its limited systemic exposure and well-tolerated safety profile.

There is insufficient evidence to support that one brand miscellaneous skin and mucous membrane anti-inflammatory 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 miscellaneous skin and mucous membrane anti-inflammatory 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 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.

Dr. Smith and Dr. Dawson report good results with Eucrisa but challenges with all insurance coverage. Dr. Dawson stated that having a patient fail two other agents has been feasible. Dr. Smith commented that Eucrisa seems to result in few adverse events and improved compliance in his patients. He added that with

proper patient education and with appropriate use of moisturizers the product can last many applications. Dr. Heinze commented that costs for this agent with private insurance plans are often not affordable.

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:

None

Dr. Taylor commented that the skin and mucous membrane antipruritics and local anesthetics included in this review are listed in Table 1 on page 311. Several of the products are available in a generic formulation. Lidocaine is now available in a 3.88% cream, under the brand name Lidotral[®]. 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 skin and mucous membrane antipruritic or local anesthetic 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 skin and mucous membrane antipruritics and local anesthetics 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 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 Astringents: AHFS 841200

Manufacturer comments on behalf of these products:

None

Dr. Taylor commented that currently there are no prescription medications classified by American Hospital Formulary Service (AHFS) as Skin and Mucous Membrane Astringents. (AHFS Class 841200).

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. Taylor commented that the skin and mucous membrane keratolytic included in this review are listed in Table 1 on page 361. All of the single-entity products are available in a generic formulation. Urea is now available in 40% and 41% cream. 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 skin and mucous membrane keratolytic 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 skin and mucous membrane keratolytic 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 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. Taylor 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 Agents, Miscellaneous: AHFS 849200

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the miscellaneous skin and mucous membrane agents included in this review are listed in Table 1 on pages 374 and 375. The miscellaneous skin and mucous membrane class includes a

diverse group of products used to treat many skin conditions, including actinic keratoses, atopic dermatitis, basal cell carcinoma, pain associated with anal fissure, postherpetic neuralgia, psoriasis, warts, and wounds. Many products are available in a generic formulation. Some products (alitretinoin, bexarotene, diclofenac, fluorouracil, ingenol mebutate, and mechlorethamine) included in the Preferred Drug Program (PDP) have been reclassified by AHFS/First Data Bank from AHFS class 849200, Skin and Mucous Membrane Miscellaneous Agents, to the non-PDP AHFS class 100000, Antineoplastic Agents. Since these agents have moved to a class that is currently excluded from the PDP, these products will be removed from the PDP and therefore will no longer be reviewed by the P&T Committee. Additionally, becaplermin (Regranex[®]) has been reclassified from this AHFS class to AHFS class 841600, Skin and Mucous Membrane Cell Stimulants and Proliferants, and will now be reviewed in the new class. Due to the wide variety of products, as well as the range of Food and Drug Administration-approved indications, direct comparisons are difficult.

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.

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 was previously a part of AHFS class 849200, Skin and Mucous Membrane Miscellaneous Agents. Agents included in this review are listed in Table 1 on page 528. Becaplermin (Regranex[®]) is a human platelet-derived growth factor that is indicated for the treatment of lower extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond and have an adequate blood supply, when used as an adjunct to, and not a substitute for, good ulcer care practices including initial sharp debridement, pressure relief and infection control. The efficacy of becaplermin in patients with lower extremity diabetic ulcers was assessed in four clinical trials. Two studies demonstrated a higher incidence of complete wound healing with becaplermin compared to placebo, whereas a third study found no difference. The fourth study was not adequately powered to detect a difference between the treatment groups. According to the prescribing information, there was an increased rate of mortality secondary to malignancy observed in patients treated with three or more tubes of becaplermin in a retrospective cohort study. Becaplermin should only be used when the benefits outweigh the risks and with caution in patients with known malignancy.

At this time, there is not a role for the skin and mucous membrane cell stimulants and proliferants 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.

There is insufficient evidence to support that one brand skin and mucous membrane cell stimulant and proliferant 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 skin and mucous membrane cell stimulants and proliferants 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 skin and mucous membrane stimulant and proliferant 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.

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 BUISNESS

The P&T Committee discussed the influenza antivirals for the 2018-19 flu season in anticipation of the upcoming flu season and the FDA-approval of baloxavir marboxil (trade name Xofluza[®]) on October 24th. Dr. Dawson recommends to follow the Centers for Disease Control and Prevention (CDC) statewide influenza epidemiology status for all available FDA-approved influenza antivirals (including Xofluza[®]) as soon as is possible to have the agents available for the upcoming flu season. Dr. Carter seconds the motion and all committee members vote in favor.

The dates for the upcoming Alabama Medicaid P&T Meetings were provided and are as follows: February 6, 2019; May 8, 2019; August 7, 2019; November 6, 2019.

Dr. Carter will be the next Chairperson, and Dr. Heinze was voted in as Vice-Chairperson unanimously.

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for February 6, 2019 at the Medicaid Building in the Commissioner's Board Room.

9. ADJOURN

There being no further business, Dr. Dawson moved to adjourn, and Dr. Williams seconded. The meeting adjourned at 10:33 a.m.

Appendix

RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
November 7, 2018

- A. **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. Rowe, MD Approve Approve as amended Disapprove No action

Medical Director

[Signature] Approve Approve as amended Disapprove No action

Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action

Commissioner

B. 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

Medical Director

J. Bell Approve Approve as amended Disapprove No action

Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action

Commissioner

C. 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

Medical Director

J. Bell Approve Approve as amended Disapprove No action

Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action

Commissioner

D. 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

Medical Director

Kathy Hall Approve Approve as amended Disapprove No action

Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action

Commissioner

E. 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

Medical Director

Kathy Hall Approve Approve as amended Disapprove No action

Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action

Commissioner

F. 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

Medical Director

Kathy Hall Approve Approve as amended Disapprove No action

Deputy Commissioner

Stephanie Approve Approve as amended Disapprove No action
Commissioner

G. 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

Medical Director

Kathy Hall Approve Approve as amended Disapprove No action

Deputy Commissioner

Stephanie Approve Approve as amended Disapprove No action
Commissioner

H. 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

Mr. Rowe, MD Approve Approve as amended Disapprove No action

Medical Director

Kathy Hall Approve Approve as amended Disapprove No action

Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action

Commissioner

I. 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

Mr. Rowe, MD Approve Approve as amended Disapprove No action

Medical Director

Kathy Hall Approve Approve as amended Disapprove No action

Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action

Commissioner

J. 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

Medical Director

 Kathy Hall Approve Approve as amended Disapprove No action

Deputy Commissioner

 [Signature] Approve Approve as amended Disapprove No action

Commissioner

K. 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

Medical Director

 Kathy Hall Approve Approve as amended Disapprove No action

Deputy Commissioner

 [Signature] Approve Approve as amended Disapprove No action

Commissioner

L. **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. Rowe, MD Approve Approve as amended Disapprove No action

Medical Director

 Kathy Hill Approve Approve as amended Disapprove No action

Deputy Commissioner

 [Signature] Approve Approve as amended Disapprove No action

Commissioner

M. **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. Rowe, MD Approve Approve as amended Disapprove No action

Medical Director

 Kathy Hill Approve Approve as amended Disapprove No action

Deputy Commissioner

 [Signature] Approve Approve as amended Disapprove No action

Commissioner

N. **Recommendation:** No brand skin and mucous membrane stimulant and proliferant 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

Mel Rouse, MD Approve Approve as amended Disapprove No action

Medical Director

Ruby Hall Approve Approve as amended Disapprove No action

Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action

Commissioner

Respectfully submitted,

Rachel Bacon

November 15, 2018

Rachel Bacon, PharmD

Date