

Minutes of Meeting

Alabama Medicaid Agency Pharmacy and Therapeutics Committee

February 6, 2019

Members Present: Dr. Lee Carter (Chair), Dr. Kimberly Graham, Dr. Peter Julian Hughes, Dr. Kelli Littlejohn Newman, Dr. Melinda Rowe, Dr. Robert Smith, Dr. Ramakanth Vemuluri, and Dr. Amanda Williams

Members Absent: Dr. Elizabeth Dawson and Dr. Frances Heinze (Vice-chair)

Health Home/Probationary RCO Pharmacists Present via Teleconference: Kathryn Anderson, Angela Lowe, Lauren Ward, Allana Alexander, Joshua Lee, and Lydia Rather

Presenters: Dr. Rachel Bacon

Presenters Present via teleconference: None

1. OPENING REMARKS

Chairperson Carter called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 9:02 a.m.

2. APPROVAL OF MINUTES

Chairperson Carter asked if there were any corrections to November 7, 2018 P&T Committee Meeting's minutes.

There were no corrections. Dr. Williams 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 gave a presentation on Alabama Medicaid Opioid Prescribing and Pharmacy Trends. The opioid edits being implemented were discussed, including the upcoming morphine milligram equivalents cumulative edit which is estimated to have an information edit in spring 2019 and an implementation edit in summer 2019.

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 9:53 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 November 2016. There was one new drug class review, the Growth Hormone Agents.

Anthelmintics: American Hospital Formulary Service (AHFS) 080800

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the anthelmintics included in this review are listed in Table 1 on page 6. All of the agents with the exception of mebendazole 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.

Albendazole, ivermectin, mebendazole, 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 Carter asked the P&T Committee members to mark their ballots.

Aminoglycosides: AHFS 081202

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the aminoglycosides that are included in this review are listed in Table 1 on page 48. All of the aminoglycosides are available in a generic formulation, with the exception of tobramycin inhalation powder.

Since the last review, many of the tuberculosis treatment guidelines have been updated; however, aminoglycosides are generally not first line agents for the treatment of this disease. There have been no other major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

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 have 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.

Dr. Graham asked about the Cystic Fibrosis Foundation correspondence included in the P&T member information. Dr. Newman stated that Medicaid's response was included for the committee members to review. Chairperson Carter asked the P&T Committee members to mark their ballots.

Cephalosporins: AHFS 081206

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the cephalosporins that are included in this review are listed in Table 1 on page 131. All of the cephalosporins are available in a generic formulation with the exception of ceftaroline and the combination products. Ceftibuten was discontinued in 2017. Daxbia[®] is a newly available 333 mg dose of cephalexin. Since the last review, ceftazidime-avibactam (Avycaz[®]) gained FDA-approval for the treatment of hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia.

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 Carter 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. Bacon commented that the miscellaneous β -lactam antibiotics that are included in this review are listed in Table 1 on page 265. All of the injectable products are available in a generic formulation, with the exception of meropenem-vaborbactam. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed, despite updates that have occurred.

Since the last review, meropenem-vaborbactam (Vabomere[®]) has been approved for the treatment of pyelonephritis and urinary tract infections. The TANGO trial demonstrated overall success, defined as a composite of clinical cure and microbial eradication, in patients 18 years of age and older with complicated urinary tract infections or acute pyelonephritis compared to piperacillin-tazobactam with an observed difference of -4.5%, which met statistical criteria for noninferiority.

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

Chloramphenicol: AHFS 081208

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that chloramphenicol is the only agent in this class. It 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 Carter asked the P&T Committee members to mark their ballots.

Macrolides: AHFS 081212

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the macrolides that are included in this review are listed in Table 1 on page 381. Several of the macrolides are available in a generic formulation, with the exception of erythromycin lactobionate, erythromycin stearate, and fidaxomicin. Telithromycin was discontinued in 2016.

Fidaxomicin (Dificid[®]) is a locally-acting macrolide antibiotic indicated for the treatment of *C. difficile*-associated diarrhea (CDAD). Updated in 2017, the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America now recommend oral vancomycin or fidaxomicin over metronidazole for initial episodes of CDAD. Previous guidelines had recommended metronidazole as the drug of choice for an initial episode of mild-to-moderate CDAD, while vancomycin is recommended for initial episodes of severe or recurrent (>2 episodes) CDAD. In addition, for incidents of recurrence of CDAD, if the individual had initial therapy with metronidazole, then it is advised to treat recurrences with a standard ten-day course of vancomycin. If the individual had received initial treatment with standard vancomycin, then it is recommended to give either a tapered or pulsed regimen of oral vancomycin or alternatively, a ten-day course of fidaxomicin. For those with more than one recurrence, recommendations include tapered or pulsed regimens of oral vancomycin, or a standard ten-day course of oral vancomycin followed by rifaximin or fidaxomicin. Fecal microbiota transplantation is recommended for multiple recurrences of *C. difficile* infection who have failed appropriate antibiotic treatments.

There is insufficient evidence to support that one brand macrolide 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. Fidaxomicin should be available for the

treatment of initial episodes of *C. difficile*-associated diarrhea through the medical justification portion of the prior authorization process.

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.

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.

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

Penicillins: AHFS 081216

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that penicillins included in this review are listed in Table 1 on page 472. The majority of the penicillins are available in a generic formulation, with the exception of penicillin G benzathine (with or without penicillin G procaine). 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 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 Carter asked the P&T Committee members to mark their ballots.

Quinolones: AHFS 081218

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the quinolones included in this review are listed in Table 1 on page 596. Ciprofloxacin, levofloxacin, moxifloxacin, and ofloxacin are available in a generic formulation.

Delafloxacin (Baxdela®) was approved in 2017 for the treatment of acute bacterial skin and skin structure infections caused by designated susceptible bacteria. Delafloxacin remains active against most otherwise fluoroquinolone-resistant *Staphylococcus aureus* isolates. In two clinical trials, delafloxacin was found non-inferior to aztreonam for the treatment of acute bacterial skin and skin structure infection in adult patients.

Additionally, in July 2018 the FDA released a safety alert strengthening the current warnings in the prescribing information that fluoroquinolone antibiotics may cause significant decreases in blood sugar and certain mental health side effects (disturbances in attention, disorientation, agitation, nervousness, memory impairment, and delirium).

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

Sulfonamides: AHFS 081220

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the sulfonamides included in this review are listed in Table 1 on page 687. 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 Carter asked the P&T Committee members to mark their ballots.

Tetracyclines: AHFS 081224

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the tetracyclines included in this review are listed in Table 1 on page 762. All of the agents are available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

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

Antibacterials, Miscellaneous: AHFS 081228

Manufacturer comments on behalf of these products:

None

Dr. Bacon 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 on pages 831-832. A number of agents in the class are available in a generic formulation.

Daptomycin is approved for the treatment of complicated skin and skin-structure infections, *Staphylococcus aureus* bacteremia, and right-sided infective endocarditis. Since the last review, daptomycin has gained FDA-approval for use in pediatric patients one to 17 years of age. Additionally, rifaximin has gained the indication for the treatment of irritable bowel syndrome with diarrhea (IBS-D).

The Healthcare-Associated Ventilatoritis and Meningitis Guidelines were updated in 2017 to recommend colistimethate sodium or polymyxin B sulfate as alternative therapies for the treatment of *Acinetobacter* species. Additionally, the 2016 Guidelines for the Management of Adults with

Hospital-acquired and Ventilator-associated Pneumonia recommend therapy with intravenous polymyxins with adjunctive inhaled colistin when pathogens are carbapenem-resistant and only sensitive to polymyxins.

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

6. NEW DRUG CLASS REVIEW (Please refer to the website for full text reviews.)

Growth Hormone Agents: AHFS Class 682800

Manufacturer comments on behalf of these products:

Genotropin[®] - Pfizer

Dr. Bacon commented that all of the growth hormone (GH) preparations contain somatropin; otherwise known as recombinant human GH. The various preparations are Food and Drug Administration (FDA)-approved for use in a variety of pediatric conditions associated with a failure in growth. The majority of preparations are also indicated for the treatment of growth hormone deficiency (GHD) in adults. Serostim[®] (somatropin) is FDA-approved solely for the treatment of human immunodeficiency virus-associated wasting or cachexia in adults. Another agent, Zorbtive[®] (somatropin), has the unique indication for the treatment of short bowel syndrome. Specific FDA-approved indications for the various GH preparations are outlined in Table 3 on page 984. There are currently no generics available within the class. The agents are listed in Table 1 on page 977.

Several GH formulations are available under different brand names. While GH itself is FDA-approved to treat a variety of conditions, not every GH formulation is FDA-approved to treat all of these conditions. Products vary by dosing increments, type of administration device, and storage requirements. Dosing frequency can vary depending on individual product and can range from every-other-day to daily injections. All products are administered by subcutaneous injection and given once daily on the scheduled administration day(s).

For pediatric patients, treatment guidelines recommend the use of GH therapy with somatropin as a treatment option for growth failure associated with any of the following: GHD, Turner syndrome,

Prader-Willi syndrome, chronic renal insufficiency, born small for gestational age with subsequent growth failure at two to four years of age, and Short Stature Homeobox-containing gene deficiency. Choice of preparation should be individualized based on potential advantages and disadvantages of therapy, therapeutic need, and the likelihood of adherence. For adult patients, treatment guidelines recommend the use of GH therapy for the approved indications in patients with clinical features suggestive of adult GHD and biochemically proven evidence of adult GHD. The dose of GH should be low initially and gradually increased to the minimally effective dose that normalizes IGF-1 levels without side effects. Guidelines do not distinguish among the various GH preparations. The various preparations are equally biopotent and have the same natural sequence structure. While most clinical studies do not directly compare the different preparations to each other, the limited information does not support clinical differences occur in the outcomes for the products.

There is insufficient evidence to support that one brand growth hormone agent is safer or more efficacious than another. Although the FDA-approved indications for each GH products vary, there is no reported difference between the clinical effects of these agents. Guidelines do not distinguish among the various GH preparations. Because GH products should be limited to members with documented GHD and those with appropriate underlying medical conditions, these agents should be available through the medical justification portion of the prior authorization process.

Therefore, all brand growth hormones agents within the class reviewed are comparable to each other and offer no significant clinical advantage over other alternatives in general use.

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

Dr. Newman noted that this class was previously included in the prior authorization program and now will be included in the preferred drug list program. Chairperson Carter asked the P&T Committee members to mark their ballots.

7. 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.

8. NEW BUSINESS

There was no new business.

9. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for May 8, 2019 at the Medicaid Building in the Commissioner's Board Room.

10. ADJOURN

There being no further business, Dr. Williams moved to adjourn and Dr. Hughes seconded. The meeting adjourned at 10:26 a.m.

Appendix

RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
February 6, 2019

- 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

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

Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie A. 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

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

Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie A. 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

McRae, MD Approve Approve as amended Disapprove No action
Medical Director
Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner
Stephanie A 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

McRae, MD Approve Approve as amended Disapprove No action
Medical Director
Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner
Stephanie A 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

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

Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie A. 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.

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 A. 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

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

Kathy Hull Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie A 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

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

Kathy Hull Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie A 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

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

Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie A. 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

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

Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie A. 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

M. Rowe, MD Approve Approve as amended Disapprove No action
Medical Director
Nathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner
Stephanie A Approve Approve as amended Disapprove No action
Commissioner

L. Recommendation: No brand growth hormone is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective product(s) 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
Nathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner
Stephanie A Approve Approve as amended Disapprove No action
Commissioner

Respectfully submitted,

Rachel Bacon

Rachel Bacon, Pharm.D.

02/19/2019

Date