

Minutes of Meeting

Alabama Medicaid Agency Pharmacy and Therapeutics Committee

May 8, 2019

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

Members Absent: None

Health Home Pharmacists Present via Teleconference: Amy Donaldson, Joshua Lee, Angela Lowe, Debbie Mulanix, Lydia Rather, Kristian Testerman, and Lauren Ward

Presenters: Dr. Rachel Bacon and Dr. Kaelyn Boss

Presenters Present via Teleconference: None

1. OPENING REMARKS

Chairperson Carter called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 9:10 a.m.

2. APPROVAL OF MINUTES

Chairperson Carter asked if there were any corrections to the February 6, 2019 P&T Committee Meeting's minutes.

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

3. PHARMACY PROGRAM UPDATE

Dr. Newman updated the committee on the current opioid edits in effect. Academic detailing has been performed for highly affected practice settings. Alabama Medicaid is also working with expert groups to create the additional opioid edit criteria. The Alabama Coordinated Health Network (ACHN) has an anticipated start date of October 1, 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 9:25 a.m. There were a total of 18 drug class re-reviews. The Allylamines, Azoles, Echinocandins, Polyenes, Pyrimidines, Miscellaneous Antifungals, Antituberculosis Agents, Miscellaneous Antimycobacterials, Adamantanes, Interferons, Neuraminidase Inhibitors, Nucleosides and Nucleotides, Miscellaneous Antivirals, Amebicides, Antimalarials, Miscellaneous Antiprotozoals, and Urinary Anti-infectives were all last reviewed in February 2017. The HCV Antivirals were last reviewed in November 2017. This is the first review of the Miscellaneous Antimigraine Agents.

Allylamines: American Hospital Formulary Service (AHFS) 081404

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that terbinafine is the only allylamine included in this review. The topical antifungals were previously reviewed with the skin and mucous membrane agents (AHFS 840408) and are not included in this review. Terbinafine tablets 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.

Therefore, all brand allylamines 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 allylamine 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.

Azoles: AHFS 081408

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the azoles that are included in this review are listed in Table 1 on page 36. This review encompasses all systemic dosage forms and strengths. The topical antifungals were previously reviewed with the skin and mucous membrane agents and are not included in this review. All of the products are available in a generic formulation, with the exception of isavuconazonium and posaconazole.

These agents are approved to treat a variety of fungal infections, which are listed in Table 4. There are many guidelines that define the appropriate place in therapy for the azoles. The agent that is recommended is dependent upon the infectious organism being treated and the location of the infection. 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 azole 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 azoles 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 azole 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.

Echinocandins: AHFS 081416

Manufacturer comments on behalf of these products:

None

Dr. Boss commented that the echinocandins that are included in this review are listed in Table 1 on page 180. Caspofungin 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 echinocandin is safer or more efficacious than another. 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, formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand echinocandins 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 echinocandin 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.

Polyenes: AHFS 081428

Manufacturer comments on behalf of these products:

None

Dr. Boss commented that the polyenes included in this review are listed in Table 1 on page 256. This review encompasses all systemic dosage forms and strengths. The topical antifungals were previously reviewed with the skin and mucous membrane agents and are not included in this review. Conventional Amphotericin B and nystatin 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 polyene is more efficacious than another. Since amphotericin B is not indicated as first-line therapy for the management of common infectious diseases that would be seen in general use, formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand polyenes 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 polyene 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.

Pyrimidines: AHFS 081432

Manufacturer comments on behalf of these products:

None

Dr. Boss commented that the flucytosine is the only pyrimidine included in this review. The topical antifungals were previously reviewed with the skin and mucous membrane agents and are not included in this review. Flucytosine is available in a generic formulation. It is approved for the treatment of serious infections caused by susceptible strains of *Candida* and/or *Cryptococcus*. It should be used in combination with amphotericin B because of the emergence of resistance.

There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

All brand pyrimidines 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 pyrimidine 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.

Antifungals, Miscellaneous: AHFS 081492

Manufacturer comments on behalf of these products:

None

Dr. Boss commented that griseofulvin is the only miscellaneous antifungal agent that is currently available. All products are available in a generic formulation. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

Therefore, all brand miscellaneous 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 miscellaneous 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.

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

Antituberculosis Agents: AHFS 081604

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the antituberculosis agents that are included in this review are listed in Table 1 on page 428. Cycloserine, ethambutol, isoniazid, pyrazinamide, rifabutin, and rifampin are available in a generic formulation. Recommendations regarding the use of these agents for the treatment of tuberculosis are listed in Tables 3 through 6.

Treatment of latent tuberculosis consists of monotherapy for six to nine months and isoniazid is the preferred agent. The Centers for Disease Control and Prevention continues to recommend once-weekly isoniazid and rifapentine for 12 weeks for treatment of latent tuberculosis infection in adults and now recommends use of once-weekly isoniazid and rifapentine for 12 weeks 1) in persons two to 17 years of age with latent tuberculosis infection; 2) in persons with latent tuberculosis infection who have HIV infection, including AIDS, and are taking antiretroviral medications with acceptable drug-drug interactions with rifapentine; and 3) by directly observed

therapy or self-administered therapy in persons aged ≥ 2 years. Rifampin is an alternative treatment option for patients who may not tolerate isoniazid; however, potential drug interactions should be considered. Due to reports of severe liver injury and deaths, shorter-course regimens with rifampin and pyrazinamide are not recommended for the treatment of latent tuberculosis infections.

There is insufficient evidence to support that one brand antituberculosis agent is 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 antituberculosis 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 antituberculosis 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.

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

Antimycobacterials, Miscellaneous: AHFS 081692

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that dapson is the only miscellaneous antimycobacterial that is currently available. It is approved for the treatment of leprosy and dermatitis herpetiformis and is available in a generic formulation. The World Health Organization guidelines were updated in 2018 to recommend a three-drug regimen of rifampicin, dapson, and clofazimine for all leprosy patients, with a duration of treatment of six months for paucibacillary leprosy and 12 months for multibacillary leprosy. Previously the recommendation for paucibacillary leprosy included only rifampicin and dapson.

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

No brand miscellaneous antimycobacterial 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.

Adamantanes: AHFS 081804

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the adamantanes that are included in this review are listed in Table 1 on page 533. These agents are approved for the treatment and prophylaxis of influenza A virus infections. Amantadine and rimantadine are available in a generic formulation. Guidelines recommend the use of oseltamivir, zanamivir, peramivir, or baloxavir for the treatment of all influenza subtypes. Due to the emergence of resistance, the adamantanes are not effective. There have been no major changes in the prescribing information or clinical studies since this class was last reviewed.

Therefore, all brand adamantanes 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 adamantane 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.

Interferons: AHFS 081820

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the interferons that are included in this review are listed in Table 1 on page 579. None of the interferons are available in a generic formulation. The Food and Drug Administration (FDA)-approved indications vary among the products; however, the interferons are primarily used for the treatment of chronic hepatitis B.

Guidelines recommend the use of peginterferon alfa as one of several initial treatment options for patients with chronic hepatitis B. Interferon alfa-2a and peginterferon alfa-2a were shown to be equally effective following 48 weeks of treatment.

The treatment for HCV infection has evolved substantially since the introduction of highly effective HCV protease inhibitor therapies in 2011. In general, combination regimens that include newer direct hepatitis C antivirals are preferred over older pegylated interferon-based regimens (including those containing older protease inhibitors) due to a higher SVR rate, improved side effects profile, and reduced pill burden. Current HCV treatment guideline recommendations do not recommend use of interferon products. Peginterferon and ribavirin, typically in combination with a direct-acting antiviral, remain in use for certain genotypes, particularly in resource-limited settings where newer interferon-free regimens are not accessible.

Interferon alfa-2b is approved for the treatment of condylomata acuminata. However, the interferons are considered an alternative treatment option by the CDC. Interferon alfa-2b is also approved for the treatment of selected patients with AIDS-related Kaposi's sarcoma, hairy cell

leukemia, follicular Non-Hodgkin's lymphoma, and as an adjuvant to surgical treatment in patients with malignant melanoma.

Due to the limited usage anticipated for these indications, the interferon alfa products should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand interferon alfa products 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 interferon alfa 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.

Neuraminidase Inhibitors: AHFS 081828

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the neuraminidase inhibitors that are included in this review are listed in Table 1 on page 649. Oseltamivir capsules are available in a generic formulation. The neuraminidase inhibitors are approved for the treatment and prophylaxis of influenza A and influenza B virus infections.

Guidelines recommend the use of either oseltamivir or zanamivir for the treatment and chemoprophylaxis of all influenza subtypes. A third neuraminidase inhibitor, peramivir, was FDA-approved in December 2014. This agent is only available in an injectable formulation. Intravenous peramivir was approved in September 2017 as a treatment of acute uncomplicated influenza in children two years and older who are not hospitalized and have been symptomatic for no more than two days. The American Academy of Pediatrics recommendations for prevention and control of influenza in children, 2018–2019 acknowledge that viral surveillance and resistance data from the CDC and the World Health Organization reveal that the majority of currently circulating influenza viruses likely to cause influenza in North America during the 2018–2019 season continue to be susceptible to oseltamivir, zanamivir, and peramivir. Due to the emergence of resistance, the adamantanes are not effective. Although rare, development of resistance to neuraminidase inhibitors has been identified during treatment of seasonal influenza. Approved in 2018, Baloxavir (Xofluza[®]) is a polymerase acidic endonuclease inhibitor indicated for the treatment of acute uncomplicated influenza in patients 12 years of age and older who have been symptomatic for no more than 48 hours. This agent is discussed in the Miscellaneous Antivirals class. The 2018 CDC: Influenza Antiviral Medications recommendations state that for outpatients with acute uncomplicated influenza, oral oseltamivir, inhaled zanamivir, intravenous peramivir, or oral baloxavir may be used for treatment.

Several clinical trials have demonstrated that the prophylactic use of oseltamivir and zanamivir reduces the risk of developing symptomatic influenza infections. Studies have also shown the neuraminidase inhibitors reduce the duration and severity of illness, as well as complications compared to placebo. There are relatively few studies that directly compare the efficacy and safety of the neuraminidase inhibitors. Guidelines do not indicate that one agent is clinically more efficacious over another.

Therefore, oseltamivir (Tamiflu[®]) and zanamivir (Relenza[®]), along with baloxavir (Xofluza[®]), offer significant clinical advantages in general use over the other brands in the class (if applicable). Because peramivir (Rapivab[®]) is indicated only for the treatment of acute uncomplicated influenza and is generally reserved for those patients who cannot tolerate an inhaled or oral agent, it should be managed through the medical justification portion of the prior authorization process.

Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products (brand or generic) of oseltamivir (Tamiflu[®]) and zanamivir (Relenza[®]), along with baloxavir (Xofluza[®]), and designate one or more preferred products contingent upon statewide influenza epidemiology status as reported by the Centers for Disease Control and Prevention.

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

Nucleosides and Nucleotides: AHFS 081832

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the nucleosides and nucleotides that are included in this review are listed in Table 1 on page 712. The majority of products in this review are available in a generic formulation. Telbivudine (Tyzeka[®]) was discontinued in 2016. The nucleosides and nucleotides are approved for the treatment of infections caused by herpes simplex virus (HSV), varicella-zoster virus (VZV) and cytomegalovirus (CMV), as well as for the treatment of chronic hepatitis B, chronic hepatitis C, and respiratory syncytial virus.

As outlined in the interferon review, for the treatment of chronic hepatitis C, treatment guidelines developed by the American Association for the Study of Liver Diseases and Infectious Diseases Society of America in general recommend combination regimens that include newer HCV antivirals over older peginterferon-based regimens due to a higher SVR rate, improved side effects profile, and reduced pill burden. Recommended regimens may include ribavirin to improve SVR rates in certain difficult to treat populations (e.g., based on HCV genotype, prior treatment history, presence of cirrhosis, or when used in certain special populations).

Tenofovir alafenamide fumarate (Vemlidy[®]) was FDA-approved in 2016 for the treatment of chronic hepatitis B infection in adults. Vemlidy[®] is a prodrug of tenofovir that allows for lower dosing than tenofovir disoproxil. Other FDA-approved agents include interferon alfa, peginterferon alfa, lamivudine, and tenofovir disoproxil. A 2018 update to guidelines on the treatment of chronic hepatitis B state that since the publication of the 2016 Hepatitis B Guidelines, tenofovir

alafenamide has been approved for treatment of chronic hepatitis B in adults. Tenofovir alafenamide joins the list of preferred HBV therapies, along with entecavir, tenofovir disoproxil fumarate, and peginterferon. A randomized clinical trial found tenofovir alafenamide noninferior to tenofovir disoproxil based on the primary endpoint of proportion of patients with HBV DNA <29 IU/mL at week 48.

Therefore, all brand nucleosides and nucleotides 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 nucleoside or nucleotide 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.

HCV Antivirals: AHFS 081840

Manufacturer comments on behalf of these products:

Mavyret® - AbbVie

Dr. Bacon commented that the HCV antivirals that are included in this review are listed in Table 1. This review encompasses all dosage forms and strengths. Olysio® and Viekira XR® were discontinued in 2018, and Technivie® has also been discontinued but is currently still available. Harvoni® and Epclusa® have an available authorized generic. This class was last reviewed in November 2017.

Prior to the availability of HCV antivirals, combination of peginterferon and ribavirin has been the standard of care for the treatment of chronic hepatitis C. According to treatment guidelines developed by the American Association for the Study of Liver Diseases (AASLD) and Infectious Diseases Society of America (IDSA), in general, combination regimens that include newer HCV antivirals are preferred over older peginterferon-based regimens due to a higher SVR rate, improved side effects profile, and reduced pill burden. However, recommended regimens may occasionally include ribavirin to improve SVR rates in certain difficult to treat populations (e.g., based on HCV genotype, prior treatment history, presence of cirrhosis, or when used in certain special populations). The guidelines also state that although regimens of sofosbuvir and ribavirin or pegylated interferon/ribavirin plus sofosbuvir are FDA-approved for particular genotypes, they are inferior to the current recommended regimens. The interferon-containing regimens are associated with higher rates of serious adverse events (e.g., anemia and rash), longer treatment duration in some cases, high pill burden, numerous drug-drug interactions, more frequent dosing, and higher intensity of monitoring for safety or treatment response.

Zepatier®, Mavyret®, Harvoni®, and Epclusa® are all recommended treatment options, and Viekira® and Daklinza® plus Sovaldi® are recommended alternatives for genotype 1 treatment-naïve patients without cirrhosis in the AASLD/IDSA guidelines. Vosevi® is recommended by the guidelines as an alternative treatment option in genotype 3 and as a treatment for retreatment after

failed therapy in genotypes 1 through 6. In general, the guideline recommendations are in line with FDA-approved indications, and the HCV antivirals in various combinations, with or without ribavirin, are the preferred treatment regimens. Treatment regimens with direct-acting agents or combinations, which may or may not also include ribavirin, are recommended based on HCV genotype, previous treatment experience, presence of cirrhosis, and certain special populations. Overall, data from clinical trials support the FDA-approved indications and dosing recommendations for these agents. The trials demonstrate that treatment with HCV antiviral agents result in a significant improvement in SVR when compared to historical response rates or placebo. Direct-acting antivirals have not been directly compared in clinical trials.

There is insufficient evidence to support that one HCV antiviral 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 HCV 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 HCV 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.

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

Antivirals, Miscellaneous: AHFS 081892

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the miscellaneous antivirals included in this review are listed in Table 1 on page 930. Foscarnet is available in a generic formulation. Letermovir (Prevymis[®]) and baloxavir (Xofluza[®]) have been approved since the last review. The P&T Committee discussed the inclusion of baloxavir (Xofluza[®]) for the 2018-19 flu season at the November 2018 meeting.

Letermovir (Prevymis[®]) is a CMV DNA terminase complex inhibitor indicated for prophylaxis of CMV infection and disease in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant. Prevymis[®] is contraindicated in patients taking pimozide or ergot alkaloids, and in patients taking pitavastatin and simvastatin when co-administered with cyclosporine. The injectable formulation should only be used in patients unable to take oral therapy. Letermovir appears to avoid the myelosuppressive effects and other toxicities of ganciclovir; however, it does not have activity against other herpesviruses, including herpes simplex virus and varicella-zoster virus. The consensus guidelines have not been updated to reflect this agent's approval. In a randomized controlled trial, a total of 38% of patients who received letermovir and 61% of patients who received placebo failed prophylaxis. The treatment difference was -23.5 (P<0.0001).

Baloxavir (Xofluza®) is a polymerase acidic endonuclease inhibitor indicated for the treatment of acute uncomplicated influenza in patients 12 years of age and older who have been symptomatic for no more than 48 hours. Baloxavir inhibits activity of the polymerase acidic protein, an influenza virus-specific enzyme in the viral RNA polymerase complex required for viral gene transcription, resulting in inhibition of influenza virus replication. Xofluza® is taken orally as a single dose and may be taken with or without food. However, co-administration with dairy products, calcium-fortified beverages, polyvalent cation-containing laxatives, antacids or oral supplements (e.g., calcium, iron, magnesium, selenium, or zinc) should be avoided. Clinical trials of Xofluza® did not include subjects 65 years of age and older to determine whether they respond differently from younger subjects. Baloxavir efficacy is based on clinical trials in outpatients 12 to 64 years of age; people with underlying medical conditions and adults >65 years and older were not included in the initial published clinical trials. The trial found that the median time to alleviation of symptoms was similar in the baloxavir group (53.5 hours) and the oseltamivir group (53.8 hours).

The 2018 Centers for Disease Control and Prevention (CDC): Influenza Antiviral Medications recommendations state that for outpatients with acute uncomplicated influenza, oral oseltamivir, inhaled zanamivir, intravenous peramivir, or oral baloxavir may be used for treatment. Therefore, baloxavir (Xofluza®), along with oseltamivir (Tamiflu®) and zanamivir (Relenza®), offer significant clinical advantages in general use over the other brands in the class (if applicable).

The remaining brand miscellaneous 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.

Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products (brand or generic) of baloxavir (Xofluza®), along with oseltamivir (Tamiflu®) and zanamivir (Relenza®), and designate one or more preferred products contingent upon statewide influenza epidemiology status as reported by the Centers for Disease Control and Prevention.

None of the remaining brand miscellaneous antivirals are 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.

Amebicides: AHFS 083004

Manufacturer comments on behalf of these products:

None

Dr. Boss commented that paromomycin is the only amebicide that is currently available. It is approved for the treatment of amebiasis, as well as an adjunctive agent for the treatment of hepatic coma and 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.

All brand amebicides 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 amebicide 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.

Antimalarials: AHFS 083008

Manufacturer comments on behalf of these products:

None

Dr. Boss commented that the antimalarials that are included in this review are listed in Table 1 on page 979. These agents are approved for the prevention and treatment of malaria. Atovaquone/proguanil, chloroquine, hydroxychloroquine, mefloquine, primaquine, and quinine 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 antimalarial is more efficacious than another within its given indication. Since the antimalarials are not used for the management of common infectious diseases that would be seen in general use, formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

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

No brand antimalarial 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 inquired about the coverage status of these agents for prophylaxis during international travel. Dr. Newman replied that if a prescriber deems it medically necessary while traveling, it is covered. Chairperson Carter asked the P&T Committee members to mark their ballots.

Antiprotozoals, Miscellaneous: AHFS 083092

Manufacturer comments on behalf of these products:

None

Dr. Boss commented that the miscellaneous antiprotozoals that are included in this review are listed in Table 1 on page 1058. Atovaquone, benznidazole, metronidazole, and tinidazole are available in a generic formulation.

Two agents have been approved since the last review. Benznidazole is a nitroimidazole antimicrobial which inhibits the synthesis of DNA, RNA, and proteins within the *Trypanosoma cruzi* parasite and is active against all three stages (trypomastigotes, amastigotes, and epimastigotes) of *T. cruzi*. Benznidazole is indicated in pediatric patients two to 12 years of age for the treatment of Chagas disease (American trypanosomiasis), caused by *T. cruzi*. The safety and efficacy of benznidazole were established in two placebo-controlled clinical trials in pediatric patients six to 12 years of age. In the first trial, approximately 60% of children treated with benznidazole had an antibody test change from positive to negative compared with approximately 14% of children who received a placebo. Results in the second trial were similar: Approximately 55% of children treated with benznidazole had an antibody test change from positive to negative compared with 5% who received a placebo. Benznidazole is the first treatment approved in the United States for the treatment of Chagas disease. The CDC recommends antiparasitic treatment for all cases of acute or reactivated Chagas disease and for chronic *T. cruzi* infection in children up to 18 years of age. The two drugs used to treat this infection are nifurtimox and benznidazole, and nifurtimox is not currently FDA approved.

Secnidazole (Solosec[®]) is a nitroimidazole antimicrobial that enters the bacterial cell as a prodrug where the nitro group is reduced to radical anions that interfere with bacterial DNA synthesis. Solosec[®] is indicated for the treatment of bacterial vaginosis in adult women. The use of Solosec[®] has not been addressed in clinical guidelines. The safety and efficacy of Solosec[®] were established in multiple randomized controlled trials. Solosec[®] has demonstrated a higher cure rate than placebo. Additionally, single dose secnidazole was found to be noninferior to seven-day metronidazole in women with bacterial vaginosis. Approximately 60% of women who received Solosec[®] were cured at day 28 compared to 59% who received metronidazole.

There is insufficient evidence to support that one brand miscellaneous antiprotozoal agent is safer or more efficacious than another within its given indication. These agents may be considered first-line therapy in special circumstances. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand miscellaneous antiprotozoals 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 antiprotozoal 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.

Urinary Anti-infectives: AHFS 083600

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the urinary anti-infectives that are included in this review are listed in Table 1 on page 1149. These agents are approved for the prophylaxis and treatment of urinary tract infections, as well as for the relief of local symptoms associated with infections or caused by diagnostic procedures. Trimethoprim solution is also approved for the treatment of otitis media. The majority 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 urinary 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 urinary anti-infectives 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 urinary 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.

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

Antimigraine Agents, Misc: AHFS 283292 [Updated to Calcitonin Gene-related Peptide (CGRP) Antagonists: AHFS 283212]

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the miscellaneous antimigraine agents included in this review are listed in Table 1 on page 1190. No agents are available in a generic formulation. This is the first review of this class. This drug class has been reclassified by AHFS as 283212: Calcitonin Gene-related Peptide (CGRP) Antagonists.

Calcitonin gene-related peptide (CGRP) is a 37-amino acid peptide which functions as a neurotransmitter in the central and peripheral nervous system and as a vasodilator. There have been several approaches in the development of agents that target this pathway including the investigation of small molecule CGRP receptor antagonists for the treatment of acute migraine attacks as well as monoclonal antibodies, such as erenumab-aooe, for use in migraine prevention. CGRP has been thought to play a causal role in pain modulation as well as migraine pathophysiology.

Erenumab-aooe (Aimovig[®]), fremanezumab-vfrm (Ajovy[®]), and galcanezumab-gnlm (Emgality[®]) are all CGRP receptor antagonists indicated for the preventive treatment of migraine in adults. All three agents are given by subcutaneous injection on a monthly basis. Fremanezumab-vfrm also received approval to be given on a quarterly basis.

Prophylactic drug treatment for migraines may be considered in patients who experience four or more migraines per month, in patients whose migraines do not respond to acute drug treatment, or in patients who experience frequent, very long, or uncomfortable auras. It may also be appropriate when quality of life, business duties, or school attendance is severely impaired. A migraine prophylaxis regimen is regarded as successful if the migraine attacks per month are decreased by at least 50% within three months.

The American Academy of Neurology/American Headache Society and the European Federation of Neurological Societies guidelines recommend prophylactic agents such as antiepileptic drugs (e.g., divalproex, sodium valproate, topiramate), β -blockers (e.g., metoprolol, propranolol, timolol), and antidepressants (e.g., amitriptyline, venlafaxine). The use of CGRP inhibitors has not yet been incorporated into the guidelines.

Currently, the CGRP inhibitors have not been compared in head-to-head trials; however, data comparing these agents with placebo injections have shown reductions of approximately three to four migraine days per month in patients with episodic attacks and approximately four to six migraine days per month in those with chronic migraines. In these trials, the mean change difference from placebo was ranged from -1.1 to -2.4 days, which was found to be statistically significant. All three agents were well tolerated in clinical trials with the most common adverse reaction reported being injection site reactions.

There is insufficient evidence to support that one brand miscellaneous antimigraine agent 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, this class has not been written into the guidelines, 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 miscellaneous antimigraine 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 antimigraine 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.

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

6. RESULTS OF VOTING ANNOUNCED

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

7. NEW BUSINESS

There was no new business.

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for August 7th at the Medicaid Building in the Commissioner's Board Room.

9. ADJOURN

There being no further business, Dr. Williams moved to adjourn and Dr. Heinze seconded. The meeting adjourned at 10:16 a.m.

Appendix

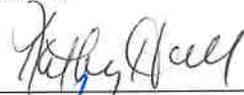
RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
May 8, 2019

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

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

 Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

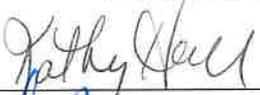
 Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

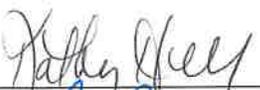
 Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

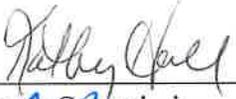
 Approve Approve as amended Disapprove No action
Commissioner

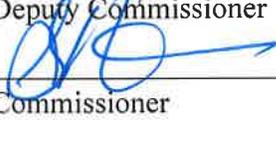
E. Recommendation: No brand pyrimidine is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

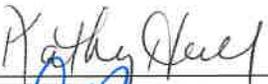
 Approve Approve as amended Disapprove No action
Commissioner

F. Recommendation: No brand miscellaneous 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

 Approve Approve as amended Disapprove No action
Assistant Medical Director

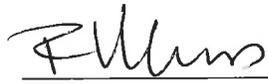
 Approve Approve as amended Disapprove No action
Deputy Commissioner

 Approve Approve as amended Disapprove No action
Commissioner

G. Recommendation: No brand antituberculosis 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


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

H. Recommendation: No brand miscellaneous antimycobacterial 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

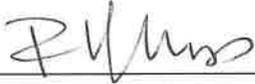

Deputy Commissioner Approve Approve as amended Disapprove No action


Commissioner Approve Approve as amended Disapprove No action

I. Recommendation: No brand adamantane 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

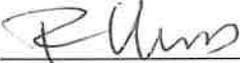

Deputy Commissioner Approve Approve as amended Disapprove No action


Commissioner Approve Approve as amended Disapprove No action

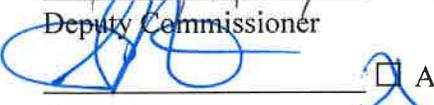
J. Recommendation: No brand interferon alfa product is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended


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

K. Recommendation: Therefore, oseltamivir (Tamiflu®) and zanamivir (Relenza®), along with baloxavir (Xofluza®), offer significant clinical advantages in general use over the other brands in the class (if applicable). Because peramivir (Rapivab®) is indicated only for the treatment of acute uncomplicated influenza and is generally reserved for those patients who cannot tolerate an inhaled or oral agent, it should be managed through the medical justification portion of the prior authorization process.

Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products (brand or generic) of oseltamivir (Tamiflu®) and zanamivir (Relenza®), along with baloxavir (Xofluza®), and designate one or more preferred products contingent upon statewide influenza epidemiology status as reported by the Centers for Disease Control and Prevention.

Amendment: None

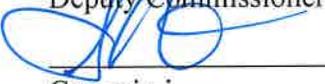
Vote: Unanimous to approve as recommended



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

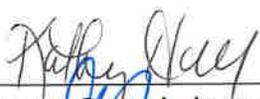
L. Recommendation: No brand nucleoside or nucleotide is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

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



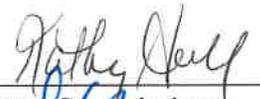
Commissioner Approve Approve as amended Disapprove No action

M. Recommendation: No brand HCV 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

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

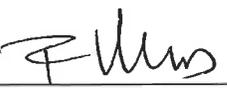
 Approve Approve as amended Disapprove No action
Commissioner

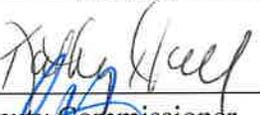
N. Recommendation: Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products (brand or generic) of baloxavir (Xofluza®), along with oseltamivir (Tamiflu®) and zanamivir (Relenza®), and designate one or more preferred products contingent upon statewide influenza epidemiology status as reported by the Centers for Disease Control and Prevention.

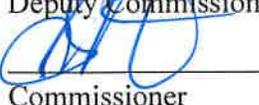
None of the remaining brand miscellaneous antivirals are recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

 Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

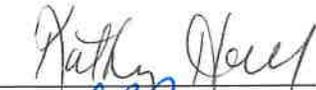
 Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

 Approve Approve as amended Disapprove No action
Assistant Medical Director

 Approve Approve as amended Disapprove No action
Deputy Commissioner

 Approve Approve as amended Disapprove No action
Commissioner

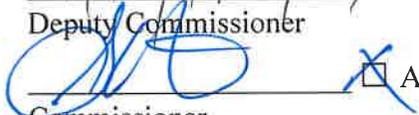
Q. Recommendation: No brand miscellaneous antiprotozoal is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

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

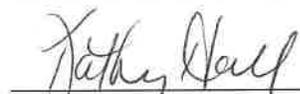

Commissioner Approve Approve as amended Disapprove No action

R. Recommendation: No brand urinary 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


Assistant Medical Director Approve Approve as amended Disapprove No action


Deputy Commissioner Approve Approve as amended Disapprove No action

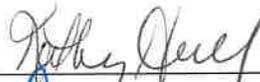

Commissioner Approve Approve as amended Disapprove No action

S. **Recommendation:** No brand miscellaneous antimigraine agent [updated to calcitonin gene-related peptide (CGRP) antagonists] is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended


_____ Approve Approve as amended Disapprove No action
Medical Director


_____ Approve Approve as amended Disapprove No action
Deputy Commissioner


_____ Approve Approve as amended Disapprove No action
Commissioner

Respectfully submitted,



Rachel Bacon, Pharm.D.

05/13/2019

Date