Minutes of Meeting

Alabama Medicaid Agency
Pharmacy and Therapeutics Committee

November 6, 2024

Members Present: Dr. Lee Carter, Dr. Frances Heinze, Dr. Ashley Lane, Dr. Kelli Littlejohn Newman, Dr. Alivia Price, Dr. Melinda Rowe, Dr. Chandler Stisher, Dr. George Sutton, Dr. Blake Tennant, and Dr. Darlene Traffanstedt

Members Absent: Terri Madry, RPh and Dr. Kenny Murray

Presenters: Dr. Rachel Bacon and Dr. Marlena Young

1. OPENING REMARKS

Chairperson Heinze called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 1:04 p.m.

2. APPROVAL OF MINUTES

Chairperson Heinze asked if there were any corrections to the minutes from the August 21, 2024 P&T Committee Meeting.

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

3. PHARMACY PROGRAM UPDATE

Dr. Newman introduced the newest P&T member, Dr. Alivia Price, who practices at the VA Pharmacy in Tuscaloosa. We are in the middle of the RSV season with Beyfortus® coverage going through the Vaccine for Children program through the Alabama Department of Public Health. The Medicaid Recovery Audit Contractor will begin their audits and may begin to request documentation from providers. Medicaid will be working on the budget with the legislature coming into session in February. Dr. Newman thanked the members of the Committee, the Medicaid Commissioner, and the legislature for their service and for helping with cost containment through their service and development of the state-mandated PDL. Dr. Kimberly Graham is no longer with the Agency and we hope to start the process soon for filling that position. There will be a vote today for a new Chair and Vice-Chair of this committee.

4. ORAL PRESENTATIONS BY MANUFACTURERS/MANUFACTURERS' REPRESENTATIVES

Five-minute verbal presentations were made on behalf of pharmaceutical manufacturers. The process and timing system for the manufacturers' oral presentations was explained. The drugs and corresponding manufacturers are listed below with the appropriate therapeutic class. There were 6 manufacturer verbal presentations at the meeting.

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

The pharmacotherapy class reviews began at approximately 1:16 p.m. There were 17 drug class re-reviews. The centrally acting skeletal muscle relaxants, direct-acting skeletal muscle relaxants, GABA-derivative skeletal muscle relaxants, miscellaneous skeletal muscle relaxants, opiate agonists, opiate partial agonists, selective serotonin agonists, antihistamine antiemetics, 5-HT_3 receptor antagonist antiemetics, NK1 receptor antagonist antiemetics, miscellaneous antiemetics, antiulcer agents and acid suppressants, calcitonin gene-related peptide (CGRP) antagonists, anxiolytics, sedatives, and hypnotics – barbiturates, anxiolytics, sedatives, and hypnotics – benzodiazepines, and anxiolytics, sedatives, and hypnotics – miscellaneous, and orexin receptor antagonists were last reviewed in February 2023 after the cancelation of the November 2022 meeting.

Opiate Partial Agonists: AHFS 280812
Manufacturer comments on behalf of these products:
Indivior - Sublocade®

Dr. Bacon commented that the opiate partial agonists included in this review are listed in Table 1 on page 248. All agents are available in a generic formulation.

A new formulation of buprenorphine has been approved since the last review. Brixadi® is indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a single dose of a transmucosal buprenorphine product or who are already being treated with buprenorphine. It is an extended-release injection provided in a pre-filled syringe for subcutaneous use with both weekly and monthly dosing options.

There is insufficient evidence to support that one brand opiate partial agonist is safer or more efficacious than another. Due to the potential risk of abuse, buprenorphine and buprenorphine-naloxone should be managed through the medical justification portion of the prior authorization process.

No brand opiate partial agonist is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands. Preferred agents may be managed through the "preferred with clinical criteria" program.

No brand or generic buprenorphine containing product is recommended for preferred status. Alabama Medicaid may accept cost proposals from manufacturers to designate one or more preferred agents. Preferred agents may be managed through the "preferred with clinical criteria" program.

Dr. Newman discussed a new program which has been approved as an effort to reduce opioid-related fatalities and increase access to these medications. The first phase will implement these products into the electronic PA system, rather than manual review. This is projected to begin January 2nd (to avoid the January 1st holiday). The new program will review appropriate diagnosis, preferred status, and concurrent opioid claim in last 30 days to allow for an electronic approval. If these criteria are not met, the claim/request will drop for manual PA review. In an effort to reduce administrative burden, the manual PA review will be removing the urine drug screen requirement and the patient consent form. Additionally, approvals will be for one year rather than three months.

Chairperson Heinze expressed her support of these proposed changes. Dr. Traffanstedt also commented on the positive expanded access with these changes.

In the second phase, which will be implemented sometime in 2025 due to the extensive coding changes needed, if the patient is buprenorphine-naïve (i.e., no claims in past three months) and the prescription is for a preferred agent, it will automatically be approved for one month. This will avoid a delay in waiting for a new diagnosis code of OUD that may not be accessible in the system yet. Chairperson Heinze commented how this second phase will help with the urgency these patients face related to successful treatment.

Antiemetics, 5-HT_3 Receptor Antagonists: AHFS 562220
Manufacturer comments on behalf of these products:
Cumberland - Sancuso®

Dr. Young commented that the 5-HT_3 receptor antagonists included in this review are listed in Table 1 on page 468. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand 5-HT_3 receptor antagonist antiemetic is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

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

Calcitonin Gene-Related Peptide (CGRP) Antagonists: AHFS 283212
Manufacturer comments on behalf of these products:
Pfizer - Nurtec®
AbbVie - Qulipta®
AbbVie - Ubrelvy®
Teva - Ajovy®

Dr. Bacon commented that the calcitonin gene-related peptide (CGRP) antagonists included in this review are listed in Table 1 on page 709. No agents are available in a generic formulation. The majority of agents are indicated for the *preventive* treatment of migraine in adults. Additional indications include the treatment of episodic cluster headache in adults, the *acute* treatment of migraine in adults, and the preventive treatment of episodic migraine in adults, as listed in Table 3 on page 713. CGRP antagonists are available in oral, injectable, and nasal spray formulations with variable dosing regimens.

Zavegepant (Zavzpret®) has been approved since the last review. Zavegepant is the first FDA-approved intranasal CGRP inhibitor. A phase three trial investigating zavegepant demonstrated the proportion of patients who were pain free at two hours following initial dose to be 24% in the experimental group, as compared to 15% of patients in the placebo group, a statistically significant finding. Zavegepant was generally well tolerated in clinical trials, with the most common adverse event reported being altered taste.

A 2024 American Headache Society (AHS) Consensus Statement asserts that CGRP inhibitors are an effective first-line treatment option for migraine prevention, and that initiation of CGRP therapies should not require trial and failure of non-specific migraine preventative medications.

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

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

Centrally Acting Skeletal Muscle Relaxants: AHFS 122004
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the centrally acting skeletal muscle relaxants included in this review are listed in Table 1 on page 14. All of the agents are available in a generic formulation. The prolonged use of carisoprodol has been associated with dependence, withdrawal, and abuse. Therefore, carisoprodol products were placed on prior authorization in 2007 through P&T and DUR review due to the abuse potential.

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

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

Carisoprodol and carisoprodol-containing products should not be placed in preferred status regardless of cost.

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

Direct-Acting Skeletal Muscle Relaxants: AHFS 122008
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that dantrolene is the only direct-acting skeletal muscle relaxant that is currently available in this class, and it is available in generic formulations. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

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

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

GABA-Derivative Skeletal Muscle Relaxants: AHFS 122012
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that baclofen is the only gamma aminobutyric acid (GABA)-derivative skeletal muscle relaxant that is currently available, and it is available in generic formulations. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

No brand gamma aminobutyric acid (GABA)-derivative skeletal muscle relaxant is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost-effective products and possibly designate one or more preferred brands.

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

Skeletal Muscle Relaxants, Miscellaneous: AHFS 122092
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that orphenadrine and orphenadrine-aspirin-caffeine combination tablet are the only miscellaneous skeletal muscle relaxants currently available and they are approved for the symptomatic relief of pain associated with acute musculoskeletal disorders. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

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

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

Opiate Agonists: AHFS 280808
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the opiate agonists included in this review are listed in Table 1 on page 90. These agents are considered to be the most potent analgesics available and are frequently prescribed for the treatment of acute pain, chronic pain, and palliative care. They are available in a variety of dosage forms and combination products. Most of the products are available in a generic formulation. The oral sustained-release opiate agonists are not included in this review as they are included in the Alabama Medicaid Prior Authorization Program, which is outside of the Preferred Drug Program.

In April 2023 an additional FDA Drug Safety Communication was released stating that the FDA is making several updates to the prescribing information of opioid pain medicines. Notably, labeling will include that for all opioid pain the risk of overdose increases as the dose increases and a warning about opioid-induced hyperalgesia for both IR and ER/LA opioid pain medicines.

On March 18, 2016 the CDC published guidelines for prescribing opioids for chronic pain. This guideline was updated in 2022. It provides recommendations for clinicians who are treating outpatients aged ≥18 years with acute (duration of <1 month), subacute (duration of one to three months), or chronic (duration of >3 months) pain, and excludes pain management related to sickle cell disease, cancer-related pain treatment, palliative care, and end-of-life care. This guideline states that nonopioid therapies are at least as effective as opioids for many common types of acute pain. Clinicians should maximize use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider opioid therapy for acute pain if benefits are anticipated to outweigh risks to the patient. When opioid therapy is initiated for chronic pain, IR opioids should be used before ER/LA agents. ER/LA opioids should be reserved for severe, continuous pain and should be considered only for patients who have received IR opioids daily for at least a one-week duration. The guideline states that methadone has been associated with disproportionate numbers of overdose deaths relative to the frequency with which it is prescribed for chronic pain. Methadone should not be the first choice for an ER/LA opioid.

There is insufficient evidence to support that one brand opiate agonist 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. Methadone should be managed through the medical justification portion of the prior authorization process due to the potential risk of abuse and overdose, the known complexities with appropriately prescribing this medication, and the guideline recommendations for not using this medication as a first-line agent.

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

Methadone should not be placed in preferred status regardless of cost.

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

Selective Serotonin Agonists: AHFS 283228
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the selective serotonin agonists that are included in this review are listed in Table 1 on page 322. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

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

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

Antiemetics, Antihistamines: AHFS 562208
Manufacturer comments on behalf of these products:
None

Dr. Young commented that the antihistamine antiemetics included in this review are listed in Table 1 on page 428. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

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

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

Antiemetics, Neurokinin-1 Receptor Antagonists: AHFS 562232
Manufacturer comments on behalf of these products:
None

Dr. Young commented that the neurokinin-1 receptor antagonists included in this review are listed in Table 1 on page 554. Aponvie® (aprepitant) has been added since last review. Aponvie® is indicated for the prevention of postoperative nausea and vomiting. Aponvie® is an injectable emulsion administered as a 30 second intravenous injection prior to the induction of anesthesia. Although guideline updates have occurred, there have been no major changes in the treatment guidelines since this class was last reviewed.

No brand neurokinin-1 receptor antagonist is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost-effective products and possibly designate one or more preferred brands.

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

Antiemetics, Miscellaneous: AHFS 562292
Manufacturer comments on behalf of these products:
None

Dr. Young commented that the miscellaneous antiemetics that are included in this review are listed in Table 1 on page 607. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

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

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

Antiulcer Agents and Acid Suppressants: AHFS 562818, 562836, & 562892
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the antiulcer agents and acid suppressants, previously labeled by AHFS as the proton pump inhibitors, included in this review are listed in Table 1 on page 636. Vonoprazan and vonoprazan-containing products have been added since the last review. Voquezna® (vonoprazan) is a first-in-class potassium-competitive acid blocker (PCAB) which inhibits acid secretion by competitively blocking availability of potassium to the hydrogen-potassium ATPase. It does not require an acidic environment for activation thus not requiring enteric coating or specific administration around meals. Voquezna® has not been added to the guidelines for all of its indications. The 2024 American College of Gastroenterology: Treatment of *Helicobacter pylori* Infection Guidelines list Vonoprazan Dual and Vonoprazan Triple as suggested therapies for select patient groups. Trials have demonstrated noninferiority to available therapies.

Like the other agents in this class, vonoprazan also has a variety of warnings and precautions, including gastric malignancy, acute tubulointerstitial nephritis, *Clostridioides difficile*-associated diarrhea, bone fracture, severe cutaneous adverse reactions, vitamin B12 (cobalamin) deficiency, hypomagnesemia, interactions with investigations for neuroendocrine tumors, and fundic gland polyps.

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

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

Anxiolytics, Sedatives, and Hypnotics – Barbiturates: AHFS 282404
Manufacturer comments on behalf of these products:
None

Dr. Young noted that the barbiturates included in this review are listed in Table 1 on page 751. Sezaby® (phenobarbital) has been added since last review. Sezaby® is indicated for the treatment of neonatal seizures in term and preterm infants. There have been no major changes in the treatment guidelines or clinical studies since this class was last reviewed.

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

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

Anxiolytics, Sedatives, and Hypnotics – Benzodiazepines: AHFS 282408
Manufacturer comments on behalf of these products:
None

Dr. Young noted that benzodiazepines included in this review are listed in Table 1 beginning on page 780. All agents are available in a generic formulation. Since last review, a warning was added regarding neonatal sedation and withdrawal syndrome. Use of benzodiazepines late in pregnancy can also result in sedation and/or withdrawal symptoms in the neonate. There have been no major changes in the treatment guidelines or clinical studies since this class was last reviewed.

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

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

Anxiolytics, Sedatives, and Hypnotics – Miscellaneous: AHFS 282492
Manufacturer comments on behalf of these products:
None

Dr. Bacon noted that the miscellaneous anxiolytics, sedatives, and hypnotics included in this review are listed in Table 1 on page 842. All agents are available in a generic formulation. There have been no major changes in the treatment guidelines or clinical studies since this class was last reviewed.

No brand miscellaneous anxiolytic, sedative, and hypnotic is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost-effective products and possibly designate one or more preferred brands.

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

Orexin Receptor Antagonists: AHFS 282440
Manufacturer comments on behalf of these products:
None

Dr. Bacon noted that the orexin receptor antagonists included in this review are listed in Table 1 on page 937. None of the products are available in a generic formulation. There have been no major changes in the treatment guidelines or clinical studies since this class was last reviewed.

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

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

6. NEW BUISNESS

Ballots for new chair and vice-chair nominees were distributed.

7. RESULTS OF VOTING ANNOUNCED

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

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for February 5, 2025, at the Medicaid Building in the Commissioner's Board Room.

9. ADJOURN

There being no further business, Dr. Carter moved to adjourn and Dr. Stisher seconded. The meeting adjourned at 2:15 p.m.

Appendix

RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
November 6, 2024

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

Carisoprodol and carisoprodol containing products should not be placed in preferred status regardless of cost.

Amendment: None

Vote: Unanimous to approve as recommended

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

Amendment: None

Vote: Unanimous to approve as recommended

C. Recommendation: No brand gamma aminobutyric acid (GABA)-derivative skeletal muscle relaxant is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost-effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

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

Amendment: None

Vote: Unanimous to approve as recommended

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

Methadone should not be placed in preferred status regardless of cost.

Amendment: None

Vote: Unanimous to approve as recommended

F. Recommendation: No brand opiate partial agonist is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost-effective products and possibly designate one or more preferred brands. Preferred agents may be managed through the "preferred with clinical criteria" program.

No brand or generic buprenorphine containing product should be placed in preferred status. Alabama Medicaid may accept cost proposals from manufacturers to designate one or more preferred agents. Preferred agents may be managed through the "preferred with clinical criteria" program.

Amendment: None

Vote: Unanimous to approve as recommended

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

Amendment: None

Vote: Unanimous to approve as recommended

H. Recommendation: No brand antihistamine antiemetic 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

I. Recommendation: No brand 5-HT_3 receptor antagonist antiemetic 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

J. Recommendation: No brand neurokinin-1 receptor antagonist 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

K. Recommendation: No brand miscellaneous antiemetic 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

L. Recommendation: No brand antiulcer and acid suppressant 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. Recommendation: No brand calcitonin gene-related peptide (CGRP) antagonist 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

N. Recommendation: No brand barbiturate 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

O. Recommendation: No brand benzodiazepine 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

P. Recommendation: No brand miscellaneous anxiolytic, sedative, or hypnotic 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

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

Amendment: None

Vote: Unanimous to approve as recommended

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

F. Darlene Traffanstedt, MD ☒ 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

11/7/2024

Rachel Bacon, PharmD, MPH — Date