

Minutes of Meeting

Alabama Medicaid Agency Pharmacy and Therapeutics Committee

May 8, 2024

Members Present: Dr. Lee Carter, Dr. Kimberly Graham, Dr. Frances Heinze, Dr. Ashley Lane, Terri Madry RPh, Dr. Kenny Murray, Dr. Kelli Newman, Dr. Melinda Rowe, Dr. Chandler Stisher, Dr. George Sutton, and Dr. Blake Tennant

Members Absent: Dr. Peter Hughes

Presenters: Dr. Rachel Bacon and Dr. Kyle Semmel

1. OPENING REMARKS

Chairperson Heinze called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 1:03 p.m. CST.

2. APPROVAL OF MINUTES

Chairperson Heinze asked if there were any corrections to the minutes from the February 7, 2024, P&T Committee Meeting.

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

3. PHARMACY PROGRAM UPDATE

Dr. Newman commented that the legislature is finishing up session this week. The MME edits began the phase-down process, and the next and final phase-down is in July. The GLP-1s now have an electronic PA to verify the Type 2 diabetes diagnosis code. Committee members report that this system is working well for the GLP-1 agonists although the drug shortages have been an issue. Recent ALERTs are included in the member's packets. More information on the unwinding process will be available at the August meeting, and ALERTs will be available in the upcoming months.

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 three (3) manufacturer verbal presentations at the meeting.

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

The pharmacotherapy class reviews began at approximately 1:09 p.m. CST. There were a total of 20 drug class reviews. The central alpha-agonists; direct vasodilators; peripheral adrenergic inhibitors; hypotensive agents, miscellaneous; alpha-adrenergic blocking agents; beta-adrenergic blocking agents; dihydropyridines; calcium-channel blocking agents, miscellaneous; angiotensin-converting enzyme inhibitors; angiotensin II receptor antagonists; mineralocorticoid (aldosterone) receptor antagonists; renin inhibitors; loop diuretics; potassium-sparing diuretics; thiazide diuretics; thiazide-like diuretics; vasopressin antagonists; diuretics, miscellaneous; and Alzheimer's agents were last reviewed in May 2022. This is the first review of the skin and mucus membrane immunomodulators.

Skin and Mucus Membrane Immunomodulators: AHFS 849200

Manufacturer comments on behalf of these products:

Skyrizi[®] – Abbvie

Dupixent[®] – Sanofi

Sotyktu[®] – Bristol Myers Squibb

Dr. Bacon noted that the skin and mucus membrane immunomodulators included in this review are listed in Table 1 on page 1305. This is the first review of this class. These agents are used for a variety of inflammatory and immunologic conditions. They achieve their therapeutic effect via several different mechanisms of action. The majority of agents inhibit the effect of proinflammatory cytokines, specifically interleukins (ILs) or tumor necrosis factor (TNF)- α . Many of the drugs in this class have overlapping indications and uses across other AHFS classes, including the disease-modifying antirheumatic drugs and other immunomodulatory classifications.

Current clinical guidelines support the use of the skin and mucus membrane immunomodulators with respect to their FDA-approved indications, particularly in conditions where patients were unresponsive or refractory to traditional treatments, which usually include nonsteroidal anti-inflammatory drugs (NSAIDs) and/or methotrexate depending on the disease state. Most of the agents in this class are indicated for the treatment of psoriasis. For moderate to severe plaque psoriasis, a systemic agent is recommended for patients who have failed or have a contraindication to phototherapy. Systemic agents include retinoids, methotrexate, cyclosporine, apremilast (Otezla[®]), biologic immune modifying agents, and deucravacitinib (Sotyktu[®]). Treatment choice for any of the disease states treated with these agents should be driven by disease severity, shared decision making, and the presence of any comorbid conditions. In general, no one immune modulating agent is preferred over another, and guideline recommendations are in-line with the approved labeling. Certain disease state guidelines recommend use of specific classes of drugs before switching to others (i.e., TNF inhibitor before switching to an IL-17 inhibitor or JAK inhibitor).

Most research with these agents is in comparison to placebo, with the skin and mucus membrane immunomodulators demonstrating greater symptomatic improvement. There are various head-to-head trials for these agents, mainly for the treatment of moderate to severe plaque psoriasis. The evidence suggests that some products may be utilized over others for certain patient populations and indications. The guidelines do not recommend one agent over another; however, if the guidelines are updated, they should be re-reviewed at that time.

Brodalumab is available only through a Risk Evaluation and Mitigation Strategy (REMS) Program due to the risk of suicidal ideation and behavior as outlined in the boxed warning within the prescribing information.

There is insufficient evidence to support that one brand skin and mucus membrane immunomodulator is safer or more efficacious than another within its FDA-approved indication(s). The drugs in this AHFS class are used in a specific patient population. Because these agents have narrow indications with limited usage and serious adverse events, these agents should be managed through the medical justification portion of the prior authorization process.

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

No brand skin and mucus membrane immunomodulator 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.

Central alpha-agonists: AHFS 240816

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that the central alpha-agonist agents included in this review are listed in Table 1 on page 7. All are available in a generic formulation. There have been no major changes in the prescribing information, clinical studies, or treatment guidelines since the class was last reviewed.

No brand central alpha-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.

Direct vasodilators: AHFS 240820

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that the direct vasodilator agents included in this review are listed in Table 1 on page 41. All are available in a generic formulation. There have been no major changes in the prescribing information, clinical studies, or treatment guidelines since the class was last reviewed.

No brand direct vasodilator 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.

Peripheral adrenergic inhibitors: AHFS 240832

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that the review of peripheral adrenergic inhibitors is on page 88. Currently, there are no drugs classified by AHFS as peripheral adrenergic inhibitors.

No brand peripheral adrenergic inhibitor is recommended for preferred status. Alabama Medicaid should continue to include this AHFS Class in the PDL screening process. If new outpatient peripheral adrenergic inhibitors are added, it is recommended that this class be re-reviewed at that time.

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

Hypotensive agents, miscellaneous: AHFS 240892

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that the miscellaneous hypotensive agents included in this review are listed in Table 1 on page 89. Mecamylamine is the only agent in this class. There have been no major changes in the prescribing information, clinical studies, or treatment guidelines since the class was last reviewed.

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

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

Alpha-adrenergic blocking agents: AHFS 242000

Manufacturer comments on behalf of these products:

None

Dr. Semmel noted that the alpha-adrenergic blocking agents included in this review are listed in Table 1 on page 94. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand alpha-adrenergic blocking 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.

Beta-adrenergic blocking agents: AHFS 242400

Manufacturer comments on behalf of these products:

None

Dr. Semmel noted that the beta-adrenergic blocking agents included in this review are listed in Table 1 on page 161. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand beta-adrenergic blocking 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.

Dihydropyridines: AHFS 242808

Manufacturer comments on behalf of these products:

None

Dr. Semmel noted that the dihydropyridines included in this review are listed in Table 1 on page 333. Levamlodipine, the S-isomeric form of amlodipine, is a new addition since the last review and is available in generic formulation. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand dihydropyridine 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.

Calcium-channel blocking agents, miscellaneous: AHFS 242892

Manufacturer comments on behalf of these products:

None

Dr. Semmel noted that the miscellaneous calcium-channel blocking agents included in this review are listed in Table 1 on page 463 and include diltiazem and verapamil. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand miscellaneous calcium-channel blocking 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.

Angiotensin-converting enzyme inhibitors: AHFS 243204

Manufacturer comments on behalf of these products:

None

Dr. Semmel noted that the ACE (angiotensin-converting enzyme) inhibitors included in this review are listed in Table 1 on page 537. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand angiotensin-converting enzyme inhibitor 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.

Angiotensin II receptor antagonists: AHFS 243208

Manufacturer comments on behalf of these products:

None

Dr. Semmel noted that the angiotensin II receptor antagonists (ARBs) included in this review are listed in Table 1 on page 673. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand angiotensin II 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.

Mineralocorticoid (aldosterone) receptor antagonists: AHFS 243220

Manufacturer comments on behalf of these products:

None

Dr. Semmel noted that the mineralocorticoid (aldosterone) receptor antagonist agents included in this review are listed in Table 1 on page 822. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand mineralocorticoid 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.

Renin inhibitors: AHFS 243240

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that the renin inhibitors that are included in this review are listed in Table 1 on page 917. Aliskiren, which is indicated for the treatment of hypertension, is available in a generic formulation, whereas the combination agent, aliskiren with hydrochlorothiazide, is available only as a branded product. There have been no major changes in the prescribing information, clinical trials, or treatment guidelines since the class was last reviewed.

No brand renin inhibitor 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.

Loop diuretics: AHFS 402808

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that the loop diuretics included in this review are listed in Table 1 on page 976. All agents are available in a generic formulation. Furosemide is now available as a kit formulation which provides an 80-mg subcutaneous dose via an on-body infusor. It is indicated for the treatment of congestion due to fluid overload in adult patients with New York Heart Association (NYHA) Class II and Class III chronic heart failure. It is NOT indicated for use in emergency situations or in patients with acute pulmonary edema. It is not for chronic use and should be replaced with oral diuretics as soon as practical. There have been no major changes in the prescribing information, clinical trials, or treatment guidelines since the class was last reviewed.

No brand loop diuretic 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.

Potassium-sparing diuretics: AHFS 402816

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that the potassium-sparing diuretics included in this review are listed in Table 1 on page 1028. All of the products are available in a generic formulation. There have been no major changes in the prescribing information, clinical trials, or treatment guidelines since the class was last reviewed.

No brand potassium-sparing diuretic 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.

Thiazide diuretics: AHFS 402820

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that the thiazide diuretics included in this review are listed in Table 1 on page 1073, and include chlorothiazide and hydrochlorothiazide products, which are available in a generic formulation. There have been no major changes in the prescribing information, clinical trials, or treatment guidelines since the class was last reviewed.

No brand thiazide diuretic 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.

Thiazide-like diuretics: AHFS 402824

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that the thiazide-like diuretics included in this review are listed in Table 1 on page 1147. All of the agents are available in a generic formulation. There have been no major changes in the prescribing information, clinical trials, or treatment guidelines that impact the management of this therapeutic category since the class was last reviewed.

No brand thiazide-like diuretic 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.

Vasopressin antagonists: AHFS 402828

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that the vasopressin antagonists that are included in this review are listed in Table 1 on page 1195. Tolvaptan is available in a generic formulation. There have been no major changes in the prescribing information, clinical trials, or treatment guidelines that impact the management of this therapeutic category since the class was last reviewed.

No brand vasopressin 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.

Diuretics, miscellaneous: AHFS 402892

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that there are currently no drugs classified by AHFS as miscellaneous diuretics.

No brand miscellaneous diuretic is recommended for preferred status. Alabama Medicaid should continue to include this AHFS Class in the PDL screening process. If new outpatient miscellaneous diuretics are added, it is recommended that this class be re-reviewed at that time.

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

Alzheimer's Agents: [Parasympathomimetic (Cholinergic) Agents, AHFS Class 120400; Central Nervous System Agents, Miscellaneous, AHFS Class 289200]

Manufacturer comments on behalf of these products:

None

Dr. Bacon noted that the Alzheimer's agents that are included in this review are listed in Table 1 on page 1222. Donepezil, galantamine, rivastigmine, and memantine are all available generically. Since the last review of this class, Leqembi[®] (lecanemab-irmb) has been approved and donepezil has become available in a transdermal patch formulation.

Lecanemab-irmb was approved in 2023 and is indicated for the treatment of Alzheimer's disease. Treatment should only be initiated in patients with mild cognitive impairment or mild dementia stage of disease, the population in which treatment was initiated in clinical trials. Lecanemab-irmb is a humanized immunoglobulin gamma 1 (IgG1) monoclonal antibody directed against aggregated soluble and insoluble forms of amyloid beta. Accumulation of amyloid beta plaques in the brain is a defining pathophysiological feature of Alzheimer's disease. Lecanemab-irmb works by reducing amyloid beta plaques.

Aducanumab-avwa and lecanemab-irmb carry boxed warnings for Amyloid Related Imaging Abnormalities (ARIA). Incidence and timing of ARIA vary among treatments. ARIA usually occurs early in treatment and is usually asymptomatic, although serious and life-threatening events rarely can occur. Serious intracerebral hemorrhages, some of which have been fatal, have been observed in patients treated with this class of medications. Consider the benefit of these agents for the treatment of Alzheimer's disease and potential risk of serious adverse events associated with ARIA when deciding to initiate treatment.

Guidelines do not give preference to one agent over another and have not been updated to include the place in therapy for aducanumab-avwa or lecanemab-irmb. Clinicians should base the treatment decision on tolerability, adverse events, and ease of use. Lecanemab-irmb is the second amyloid beta-directed antibody. It received accelerated approval in January 2023 and was then converted to traditional approval in July 2023. Aducanumab-avwa will be discontinued by its manufacturer later this year. CMS has created a "Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease CED Study Registry" which must be used (or another CMS-approved study) to get Medicare payment for treating patients with Leqembi®.

No brand Alzheimer's 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.

Aducanumab-avwa 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.

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 21, 2024, 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 1:46 p.m. CST.

Appendix

RESULTS OF THE BALLOTING Alabama Medicaid Agency Pharmacy and Therapeutics Committee May 8, 2024

- A. Recommendation:** No brand central alpha-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

- B. Recommendation:** No brand direct vasodilator 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 peripheral adrenergic inhibitor is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 240832 in the PDL screening process. If new outpatient peripheral adrenergic inhibitors are added, it is recommended that this class be re-reviewed at that time.

Amendment: None

Vote: Unanimous to approve as recommended

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

Amendment: None

Vote: Unanimous to approve as recommended

E. Recommendation: No brand alpha-adrenergic blocking 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

F. Recommendation: No brand beta-adrenergic blocking 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

G. Recommendation: No brand dihydropyridine 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 miscellaneous calcium-channel blocking 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

I. Recommendation: No brand angiotensin-converting enzyme inhibitor 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 angiotensin II 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 mineralocorticoid (aldosterone) 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

L. Recommendation: No brand renin inhibitor 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 loop diuretic 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 potassium-sparing diuretic 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 thiazide diuretic 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 thiazide-like diuretic 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 vasopressin 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

R. Recommendation: No brand miscellaneous diuretic is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 402892 in the PDL screening process. If new outpatient miscellaneous diuretics are added, it is recommended that this class be re-reviewed at that time.

Amendment: None

Vote: Unanimous to approve as recommended

S. Recommendation: No brand Alzheimer's 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. Aducanumab-avwa should not be placed in preferred status regardless of cost.

Amendment: None

Vote: Unanimous to approve as recommended

T. Recommendation: No brand skin and mucus membrane immunomodulator 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

[Signature] Approve Approve as amended Disapprove No action
Deputy Commissioner

[Signature] Approve Approve as amended Disapprove No action
Commissioner

Respectfully submitted,

Rachel Bacon

05/10/2024

Rachel Bacon, PharmD, MPH

Date