

## **Minutes of Meeting**

### **Alabama Medicaid Agency Pharmacy and Therapeutics Committee**

**February 3, 2021**

**Members Present:** Dr. Lee Carter, Dr. Kimberly Graham, Dr. Albert Holloway, Dr. Frances Heinze, Dr. Peter Hughes, Dr. Charles Nevels, Dr. Kelli Littlejohn Newman, and Dr. Melinda Rowe

**Members Absent:** None

**Presenters:** Dr. Rachel Bacon

#### **1. OPENING REMARKS**

Chairperson Carter called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 1:01 p.m.

#### **2. APPROVAL OF MINUTES**

Chairperson Carter asked if there were any corrections to the minutes from the November 4, 2020, P&T Committee Meeting.

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

#### **3. PHARMACY PROGRAM UPDATE**

Dr. Newman welcomed everyone to the third virtual P&T meeting and appreciates everyone's attendance and flexibility. Today is the beginning of the legislative session. The public can view sessions on the ALISON website. Medicaid is continuing with quarterly P&T updates as well as virtual P&T and DUR board meetings. Virtual meetings will continue as long as permitted by the governor's office. Each state is being allocated COVID-19 vaccinations. Medicaid does reimburse for administration of the vaccine. More information is available on the Medicaid website, and there is a specific ALERT pertaining to this topic. The Agency has extended the public health emergency through February 28, and decisions for extensions are currently made on a month-by-month basis.

#### **4. ORAL PRESENTATIONS BY MANUFACTURERS/MANUFACTURERS' REPRESENTATIVES**

Five-minute verbal presentations were made on behalf of pharmaceutical manufacturers. The process and timing system for the manufacturers' oral presentations was explained. The drugs and corresponding

manufacturers are listed below with the appropriate therapeutic class. There was a total of one manufacturer verbal presentation at the meeting.

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

The pharmacotherapy class reviews began at approximately 1:12 p.m. There were a total of 15 drug class re-reviews. The Skin and Mucous Membrane Antibacterials, Skin and Mucous Membrane Antivirals, Skin and Mucous Membrane Antifungals, Skin and Mucous Membrane Scabicides and Pediculicides, Skin and Mucous Membrane Miscellaneous Local Anti-infectives, Skin and Mucous Membrane Corticosteroids, Skin and Mucous Membrane Nonsteroidal Anti-inflammatory Agents, Skin and Mucous Membrane Miscellaneous Anti-inflammatory Agents, Skin and Mucous Membrane Antipruritics and Local Anesthetics, Skin and Mucous Membrane Astringents, Skin and Mucous Membrane Keratolytic Agents, Skin and Mucous Membrane Keratoplastic Agents, Skin and Mucous Membrane Miscellaneous Agents, and Skin and Mucous Membrane Cell Stimulants and Proliferants were last reviewed in November 2018. The Disease-Modifying Antirheumatic Drugs (DMARDs) were last reviewed in November 2020.

**Skin and Mucous Membrane Miscellaneous Anti-inflammatory Agents: AHFS 840692**

Manufacturer comments on behalf of these products:

Eucrisa<sup>®</sup> - Pfizer

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

Clinical guidelines support a multipronged approach to optimal management of atopic dermatitis based upon disease severity. Proper skin hydration with emollients and patient education on reducing exacerbating factors are integral strategies to the treatment of all atopic dermatitis patients. Topical corticosteroids are considered the first-line of pharmacological treatment in atopic dermatitis. Topical calcineurin inhibitors are a second-line alternative and in severe disease systemic therapy or phototherapy may be appropriate to achieve adequate disease control.

In phase III clinical trials, treatment with crisaborole has demonstrated efficacy in reducing physical and psychosocial symptoms of atopic dermatitis compared to vehicle. Crisaborole provides an alternative to patients with contraindications to or who are intolerant of standard of care therapy, due to its limited systemic exposure and well-tolerated safety profile.

There is insufficient evidence to support that one brand miscellaneous skin and mucous membrane anti-inflammatory agent is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand miscellaneous skin and mucous membrane anti-inflammatory agents within the class reviewed are comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use.

No brand miscellaneous skin and mucous membrane anti-inflammatory agent is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

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

**Skin and Mucous Membrane Antibacterials: AHFS 840404**

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the skin and mucous membrane antibacterials included in this review are listed in Table 1 on page 6. Most of the agents within this class are available in a generic formulation. Ozenoxacin (Xepi®) is a quinolone antimicrobial approved in 2017 indicated for the topical treatment of impetigo due to *Staphylococcus aureus* or *Streptococcus pyogenes* in adult and pediatric patients 2 months of age and older. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

There is insufficient evidence to support that one brand skin and mucous membrane antibacterial is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

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

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

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

**Skin and Mucous Membrane Antivirals: AHFS 840406**

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the skin and mucous membrane antivirals included in this review are listed in Table 1 on page 48. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

There is insufficient evidence to support that one brand skin and mucous membrane antiviral is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

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

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

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

**Skin and Mucous Membrane Antifungals: AHFS 840408**

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the skin and mucous membrane antifungals included in this review are listed in Table 1 on page 71. Many of the antifungals are available in a generic formulation. Efinaconazole and tavaborole have gained FDA-approval for onychomycosis in children aged 6 years and older. There have been no other major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

There is insufficient evidence to support that one brand skin and mucous membrane antifungal is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

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

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

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

**Skin and Mucous Membrane Scabicides and Pediculicides: AHFS 840412**

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the skin and mucous membrane scabicides and pediculicides included in this review are listed in Table 1 on page 158. All of the products are available in a generic formulation, with the

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

Therefore, all brand skin and mucous membrane scabicides and pediculicides within the class reviewed are comparable to each other and to the generic products in the class and offer no significant clinical advantage over other alternatives in general use. Lindane possesses an extensive adverse effect profile compared to the other brands and generics in the class.

No brand skin and mucous membrane scabicide or pediculicide is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands. Lindane should not be placed in preferred status regardless of cost.

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

#### **Skin and Mucous Membrane Local Anti-infectives, Miscellaneous: AHFS 840492**

##### Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the skin and mucous membrane miscellaneous local anti-infectives included in this review are listed in Table 1 on page 191. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

There is insufficient evidence to support that one brand skin and mucous membrane miscellaneous local anti-infective is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand skin and mucous membrane miscellaneous local anti-infectives within the class reviewed are comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use.

No brand skin and mucous membrane miscellaneous local anti-infective is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

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

#### **Skin and Mucous Membrane Corticosteroids: AHFS 840608**

##### Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the skin and mucous membrane corticosteroids included in this review are listed in Table 1 on page 211. The relative potency ratings of the topical corticosteroids are listed in Table 2. There is at least one topical corticosteroid available in a generic formulation in each potency category.

Hydrocortisone is also available over-the-counter. Although new brand names and dosage formulations have become available, there have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed

There is insufficient evidence to support that one brand skin and mucous membrane corticosteroid is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

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

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

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

#### **Skin and Mucous Membrane Nonsteroidal Anti-inflammatory Agents: AHFS 840620**

##### Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that currently there are no prescription medications classified by American Hospital Formulary Service (AHFS) as Skin and Mucous Membrane Nonsteroidal Anti-inflammatory Agents.

No brand skin and mucous membrane nonsteroidal anti-inflammatory agent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 840620 in the Preferred Drug List (PDL) screening process. If new prescription skin and mucous membrane nonsteroidal anti-inflammatory agents are added, it is recommended that this class be re-reviewed.

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

#### **Skin and Mucous Membrane Antipruritics and Local Anesthetics: AHFS 840800**

##### Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the skin and mucous membrane antipruritics and local anesthetics included in this review are listed in Table 1 on page 308. Several 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 skin and mucous membrane antipruritic or local anesthetic is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

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

No brand skin and mucous membrane antipruritic or local anesthetic is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

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

### **Skin and Mucous Membrane Astringents: AHFS 841200**

#### Manufacturer comments on behalf of these products:

None

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

No brand skin and mucous membrane astringent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 841200 in the Preferred Drug List (PDL) screening process. If new prescription astringent agents are added, it is recommended that this class be re-reviewed.

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

### **Skin and Mucous Membrane Keratolytic Agents: AHFS 842800**

#### Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the skin and mucous membrane keratolytic agents included in this review are listed in Table 1 on page 358. Urea is available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

There is insufficient evidence to support that one brand skin and mucous membrane keratolytic agent is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

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

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

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

### **Skin and Mucous Membrane Keratoplastic Agents: AHFS 843200**

#### Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that currently there are no prescription medications classified by American Hospital Formulary Service (AHFS) as keratoplastic agents.

No brand skin and mucous membrane keratoplastic agent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 843200 in the Preferred Drug List (PDL) screening process. If new prescription keratoplastic agents are added, it is recommended that this class be re-reviewed.

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

### **Skin and Mucous Membrane Agents, Miscellaneous: AHFS 849200**

#### Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the miscellaneous skin and mucous membrane agents included in this review are listed in Table 1 on page 371. The miscellaneous skin and mucous membrane class includes a diverse group of products used to treat many skin conditions. Many products are available in a generic formulation. Due to the wide variety of products, as well as the range of Food and Drug Administration-approved indications, direct comparisons are difficult.

Halobetasol propionate and tazarotene combination lotion (Duobrii®) was approved in 2019, and it is indicated for the topical treatment of plaque psoriasis in adults. Randomized controlled trials have demonstrated 35.8% and 45.3% of subjects attain treatment successes compared with 7.0% and 12.5% of those treated with vehicle ( $P < 0.001$ ).

At this time, there is not a role for the miscellaneous skin and mucous membrane agents in general use. Because these agents have narrow indications with limited usage, they should be available for circumstances that require medical justification through the prior authorization process.

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



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

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

### **Skin and Mucous Membrane Cell Stimulants and Proliferants: AHFS 841600**

#### Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the Skin and Mucous Membrane Cell Stimulants and Proliferants included in this review are listed in Table 1 on page 520. Becaplermin (Regranex<sup>®</sup>) is a human platelet-derived growth factor that is indicated for the treatment of lower extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond and have an adequate blood supply, when used as an adjunct to, and not a substitute for, good ulcer care practices including initial sharp debridement, pressure relief and infection control. According to the prescribing information, there was an increased rate of death from systemic malignancies in patients dispensed three or more tubes of becaplermin in one of three retrospective postmarketing studies. Becaplermin should only be used when the benefits outweigh the risks and with caution in patients with known malignancy.

At this time, there is not a role for the skin and mucous membrane cell stimulants and proliferants in general use. Because these agents have narrow indications with limited usage, they should be available for circumstances that require medical justification through the prior authorization process.

There is insufficient evidence to support that one brand skin and mucous membrane cell stimulant and proliferant is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

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

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

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

### **Disease-Modifying Antirheumatic Agents: AHFS Class 923600**

#### Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the disease-modifying antirheumatic drugs (DMARDs) were last reviewed in November 2020 and are being reviewed again now as we shift to an every 2 years review schedule. Since

the last review, golimumab and tofacitinib have been approved for pediatric patients aged two years and older.

There is insufficient evidence to support that one brand disease-modifying antirheumatic agent 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 disease-modifying antirheumatic 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 disease-modifying antirheumatic 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.

## **6. RESULTS OF VOTING ANNOUNCED**

The results of voting for each of the therapeutic classes will be tallied and announced. Results of voting are described in the Appendix to the minutes.

## **7. NEW BUSINESS**

The dates for the upcoming Alabama Medicaid P&T Meetings were provided and are as follows: May 5, 2021, August 4, 2021, and November 3, 2021.

## **8. NEXT MEETING DATE**

The next P&T Committee Meeting is scheduled for May 5, 2021.

## **9. ADJOURN**

There being no further business, Dr. Holloway moved to adjourn, and Dr. Hughes seconded. The meeting adjourned at 1:42 p.m.

**Appendix**  
**RESULTS OF THE BALLOTING**  
**Alabama Medicaid Agency**  
**Pharmacy and Therapeutics Committee**  
**February 3, 2021**

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

**Amendment:** None

**Vote:** Unanimous to approve as recommended

McRoue, MD  Approve  Approve as amended  Disapprove  No action

Medical Director

Nathy Hull  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie O'Connell  Approve  Approve as amended  Disapprove  No action

Commissioner

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

**Amendment:** None

**Vote:** Unanimous to approve as recommended

McRoue, MD  Approve  Approve as amended  Disapprove  No action

Medical Director

Nathy Hull  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie O'Connell  Approve  Approve as amended  Disapprove  No action

Commissioner

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

**Amendment:** None

**Vote:** Unanimous to approve as recommended

McRone, MD  Approve  Approve as amended  Disapprove  No action

Medical Director

Kathy Kelly  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie Ex  Approve  Approve as amended  Disapprove  No action

Commissioner

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

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

**Amendment:** None

**Vote:** Unanimous to approve as recommended

McRone, MD  Approve  Approve as amended  Disapprove  No action

Medical Director

Kathy Kelly  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie Ex  Approve  Approve as amended  Disapprove  No action

Commissioner

E. **Recommendation:** No brand skin and mucous membrane miscellaneous local anti-infective is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

McRae, MD  Approve  Approve as amended  Disapprove  No action

Medical Director

Kathy Hall  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanos  Approve  Approve as amended  Disapprove  No action

Commissioner

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

**Amendment:** None

**Vote:** Unanimous to approve as recommended

McRae, MD  Approve  Approve as amended  Disapprove  No action

Medical Director

Kathy Hall  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanos  Approve  Approve as amended  Disapprove  No action

Commissioner

**G. Recommendation:** No brand skin and mucous membrane nonsteroidal anti-inflammatory agent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 840620 in the Preferred Drug List (PDL) screening process. If new prescription skin and mucous membrane nonsteroidal anti-inflammatory agents are added, it is recommended that this class be re-reviewed.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

McRae, MD  Approve  Approve as amended  Disapprove  No action

Medical Director

Kathy Hull  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie O...  Approve  Approve as amended  Disapprove  No action

Commissioner

**H. Recommendation:** No brand miscellaneous skin and mucous membrane anti-inflammatory agent is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

McRae, MD  Approve  Approve as amended  Disapprove  No action

Medical Director

Kathy Hull  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie O...  Approve  Approve as amended  Disapprove  No action

Commissioner

**I. Recommendation:** No brand skin and mucous membrane antipruritic or local anesthetic is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

M. Sproule, MD  Approve  Approve as amended  Disapprove  No action

Medical Director

Nathy Hull  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie A.  Approve  Approve as amended  Disapprove  No action

Commissioner

**J. Recommendation:** No brand skin and mucous membrane astringent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 841200 in the Preferred Drug List (PDL) screening process. If new prescription astringent agents are added, it is recommended that this class be re-reviewed.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

M. Sproule, MD  Approve  Approve as amended  Disapprove  No action

Medical Director

Nathy Hull  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie A.  Approve  Approve as amended  Disapprove  No action

Commissioner

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

**Amendment:** None

**Vote:** Unanimous to approve as recommended

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

Medical Director

Kathy Steel  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie A. [Signature]  Approve  Approve as amended  Disapprove  No action

Commissioner

**L. Recommendation:** No brand skin and mucous membrane keratoplastic agent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 843200 in the Preferred Drug List (PDL) screening process. If new prescription keratoplastic agents are added, it is recommended that this class be re-reviewed.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

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

Medical Director

Kathy Steel  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie A. [Signature]  Approve  Approve as amended  Disapprove  No action

Commissioner



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

**Amendment:** None

**Vote:** Unanimous to approve as recommended

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

Medical Director

Nathy Hill  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie A.  Approve  Approve as amended  Disapprove  No action

Commissioner

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

**Amendment:** None

**Vote:** Unanimous to approve as recommended

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

Medical Director

Nathy Hill  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie A.  Approve  Approve as amended  Disapprove  No action

Commissioner

**O. Recommendation:** No brand disease-modifying antirheumatic 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

McRoe, MD  Approve  Approve as amended  Disapprove  No action

Medical Director

Nathy Skell  Approve  Approve as amended  Disapprove  No action

Deputy Commissioner

Stephanie A  Approve  Approve as amended  Disapprove  No action  
Commissioner

Respectfully submitted,

Rachel Bacon

February 3, 2021

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Rachel Bacon, PharmD

Date