

Minutes of Meeting

Alabama Medicaid Agency Pharmacy and Therapeutics Committee

May 5, 2021

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

Members Absent: Dr. Frances Heinze

Presenters: Dr. Rachel Bacon and Dr. Collin Jerard

1. OPENING REMARKS

Chairperson Carter called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 1:02 p.m.

2. APPROVAL OF MINUTES

Chairperson Carter asked if there were any corrections to February 3, 2021 P&T Committee Meeting's minutes.

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

3. PHARMACY PROGRAM UPDATE

The legislative session is ongoing and is scheduled to end in May. Dr. Newman introduced the new Medicaid Medical Director, Dr. Christopher Stanley, who just began this week. Governor Kay Ivey released the state public health emergency would end on July 6; however, Medicaid is continuing to research the impact of the state versus national public health emergency expiration dates, and will notify providers when changes to the current COVID-19 related exceptions will expire. Lastly, Dr. Newman discussed future P&T meetings; we are researching if we will be able to continue to use WebEx for public meetings and will post the decision on the Agency website for the upcoming August 4, 2021 meeting.

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 four 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 1:14 p.m. There were a total of 13 drug class re-reviews. The Anthelmintics, Aminoglycosides, Cephalosporins, Miscellaneous β -Lactam Antibiotics, Chloramphenicol, Macrolides, Penicillins, Quinolones, Sulfonamides, Tetracyclines, and Antibacterials, Miscellaneous were all last reviewed in February 2019. The Cerebral Stimulants/Agents Used for ADHD and Wakefulness Promoting Agents were last reviewed in November 2020.

Cerebral Stimulants/Agents for ADHD: Central Alpha-Agonists – AHFS 240816, Amphetamine Derivatives – AHFS 282004, Respiratory and CNS Stimulants – AHFS 282032, Central Nervous System Agents, Miscellaneous – AHFS 289200

Manufacturer comments on behalf of these products:

Jornay PM[®] – Ironshore Pharmaceuticals

Dr. Bacon noted that the cerebral stimulants/agents used for ADHD included in this review are listed in Table 1 beginning on page 1008. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed in November 2020.

There is insufficient evidence to support that one brand cerebral stimulant/agent used for ADHD 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 cerebral stimulants/agents used for ADHD 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 cerebral stimulant/agent used for ADHD 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.

Wakefulness Promoting Agents – AHFS 282080

Manufacturer comments on behalf of these products:

Sunosi® - Jazz Pharmaceuticals, Inc.

Xyrem® - Jazz Pharmaceuticals, Inc.

Xywav® - Jazz Pharmaceuticals, Inc.

Dr. Bacon noted that the wakefulness promoting agents included in this review are listed in Table 1 on page 1108. Armodafinil and modafinil are currently available generically. In July 2020, a new oxybate product with a unique composition of cations resulting in 92% less sodium was approved under the brand name Xywav®. While the labeling for Xyrem® carries a warning concerning the high salt content and consideration for patients sensitive to salt intake (e.g., those with heart failure, hypertension, or renal impairment), Xywav® does not.

Pitolisant has gained approved for cataplexy in adult patients with narcolepsy. This is in addition to the indication for the treatment of excessive daytime sleepiness in narcolepsy.

There is insufficient evidence to support that one brand wakefulness promoting 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 wakefulness promoting 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 wakefulness promoting 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.

Anthelmintics: American Hospital Formulary Service (AHFS) 080800

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the anthelmintics included in this review are listed in Table 1 on page 8. All of the agents with the exception of mebendazole and triclabendazole are available in a generic formulation.

Triclabendazole (Egaten®) has been approved since the last review. It is indicated for the treatment of fascioliasis in patients six years of age and older. Fascioliasis is a parasitic infection typically caused by *Fasciola hepatica*, which is also known as “the common liver fluke.” Clinical trials have demonstrated successful treatment of fascioliasis with triclabendazole.

Albendazole, ivermectin, mebendazole, praziquantel, and triclabendazole are considered first-line therapy for some parasitic diseases that are not commonly seen in the United States. Therefore,

patients with a diagnosis of one of these uncommon helminthic infections should be allowed approval for a brand anthelmintic through the medical justification portion of the prior authorization process.

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

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

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

Aminoglycosides: AHFS 081202

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the aminoglycosides that are included in this review are listed in Table 1 on page 51. All of the aminoglycosides are available in a generic formulation, with the exception of amikacin inhalation suspension, plazomicin, and tobramycin inhalation powder.

Plazomicin (Zemdri®) has been approved since the last review and is indicated for the treatment of patients 18 years of age or older with Complicated Urinary Tract Infections (cUTI) including Pyelonephritis. In the phase III EPIC study, plazomicin demonstrated noninferiority to meropenem with respect to primary endpoints of composite cure (microbiological eradication and clinical cure) in adult patients with cUTI/pyelonephritis at Day 5 and test of cure.

Additionally, amikacin inhalation suspension (Arikayce®) is indicated in adults who have limited or no alternative treatment options, for the treatment of Mycobacterium avium complex (MAC) lung disease as part of a combination antibacterial drug regimen in patients who do not achieve negative sputum cultures after a minimum of six consecutive months of a multidrug background regimen therapy. As only limited clinical safety and effectiveness data for Arikayce® are currently available, reserve Arikayce® for use in adults who have limited or no alternative treatment options. This drug is indicated for use in a limited and specific population of patients. This indication is approved under accelerated approval based on achieving sputum culture conversion (defined as three consecutive negative monthly sputum cultures) by Month six. Clinical benefit has not yet been established. Arikayce® has a boxed warning for the risk of increased risk of respiratory adverse reactions including hypersensitivity pneumonitis, hemoptysis, bronchospasm, and exacerbation of underlying pulmonary disease that have led to hospitalizations in some cases.

All brand aminoglycosides products within the class reviewed are comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use. Tobramycin inhalation solution and inhalation powder have been shown to improve lung function and reduce exacerbations in cystic fibrosis patients colonized with *Pseudomonas aeruginosa*. Therefore, these patients should be allowed approval for inhalation

solution and inhalation powder through the medical justification portion of the prior authorization process.

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

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

Cephalosporins: AHFS 081206

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the cephalosporins that are included in this review are listed in Table 1 on page 138. All of the cephalosporins are available in a generic formulation with the exception of cefiderocol, ceftaroline, and the combination products.

Cefiderocol (Fetroja®) has been approved since the last review and is indicated in patients 18 years of age or older for the treatment of complicated urinary tract infections, including pyelonephritis and hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia caused by susceptible Gram-negative microorganisms. Cefiderocol is a siderophore cephalosporin with activity against multidrug-resistant gram-negative bacteria, including extended-spectrum beta-lactamase- or carbapenemase-producing organisms.

Additionally, ceftazidime-avibactam has gained approval for the treatment of complicated intra-abdominal infections and complicated urinary tract infections in pediatric patients at least two years of age. Ceftolozane-Tazobactam gained approval for the treatment of hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia in adults.

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

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

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

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

Miscellaneous β -Lactam Antibiotics: AHFS 081207

Manufacturer comments on behalf of these products:

None

Dr. Jerard commented that the miscellaneous β -lactam antibiotics included in this review are listed in Table 1 on page 277. All of the injectable products are available in a generic formulation, with the exception of meropenem-vaborbactam and imipenem, cilastatin, and relebactam. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed, despite updates that have occurred.

Since the last review, imipenem-cilastatin-relebactam (Recarbrio®) has been approved for the treatment of adults with hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia, complicated urinary tract infections, including pyelonephritis, in patients who have limited or no alternative treatment options, and complicated intra-abdominal infections in patients who have limited or no alternative treatment options. To reduce the development of drug-resistant bacteria and maintain the effectiveness of imipenem-cilastatin-relebactam and other antibacterial drugs, it should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria. Imipenem-cilastatin-relebactam offers an additional treatment option for patients with resistant or difficult to treat infections caused by gram negative bacteria.

There is insufficient evidence to support that one brand miscellaneous β -lactam is safer or more efficacious than another within its given indication. With the exception of aztreonam inhalation solution, the miscellaneous β -lactam antibiotics are only available in an injectable formulation and are primarily administered in the inpatient setting. Since these agents are not indicated as first-line therapy for the management of common infectious diseases that would be seen in general use and due to concerns for the development of resistance, these agents should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand miscellaneous β -lactam antibiotics within the class reviewed are comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use. Aztreonam inhalation solution has been shown to improve lung function and reduce exacerbations in cystic fibrosis patients colonized with *Pseudomonas aeruginosa*. Therefore, these patients should be allowed approval for aztreonam inhalation solution through the medical justification portion of the prior authorization process.

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

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

Chloramphenicol: AHFS 081208

Manufacturer comments on behalf of these products:

None

Dr. Jerard commented that chloramphenicol is the only agent in this class and it is listed on page 378. It is available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

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

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

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

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

Macrolides: AHFS 081212

Manufacturer comments on behalf of these products:

None

Dr. Jerard commented that the macrolides that are included in this review are listed in Table 1 on page 396. Several of the macrolides are available in a generic formulation, with the exception of erythromycin lactobionate, erythromycin stearate, and fidaxomicin. Fidaxomicin is now approved for use in pediatric patients six months of age and older. There have been no other major changes in the prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

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

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

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

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

Penicillins: AHFS 081216

Manufacturer comments on behalf of these products:

None

Dr. Jerard commented that penicillins included in this review are listed in Table 1 on page 489. The majority of the penicillins are available in a generic formulation, with the exception of penicillin G benzathine (with or without penicillin G procaine). Piperacillin-tazobactam has gained

approval for the treatment of moderate to severe nosocomial pneumonia in pediatric patients two months of age 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 of penicillin is safer or more efficacious than another. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

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

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

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

Quinolones: AHFS 081218

Manufacturer comments on behalf of these products:

None

Dr. Jerard commented that the quinolones included in this review are listed in Table 1 on page 614. The majority of the quinolones are available in a generic formulation, with the exception of Baxdela. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

In 2019, delafloxacin gained the additional indication for the treatment of acute bacterial skin and skin structure infections caused by the designated susceptible microorganisms in adults.

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

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

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

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

Sulfonamides: AHFS 081220Manufacturer comments on behalf of these products:

None

Dr. Jerard commented that the sulfonamides included in this review are listed in Table 1 on page 707. All agents are available in a generic formulation. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

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

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

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

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

Tetracyclines: AHFS 081224Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the tetracyclines included in this review are listed in Table 1 on page 781. All agents are available in a generic formulation with the exception of eravacycline and omadacycline. Two new tetracyclines have been added since the last review. Xerava[®] (eravacycline) is a fluorocycline tetracycline Food and Drug Administration (FDA)-approved for the treatment of complicated intra-abdominal infections in adults. Eravacycline was compared to ertapenem in the IGNITE1 trial and meropenem in the IGNITE4 trial. In both trials eravacycline was found to be non-inferior to the active comparator group. Nuzyra[®] (omadacycline) is an aminomethylcycline tetracycline FDA-approved for the treatment of adult patients with community-acquired bacterial pneumonia and acute bacterial skin and skin structure infections caused by designated susceptible microorganisms. In the OPTIC trial that analyzed community-acquired bacterial pneumonia patients, omadacycline was shown to have a similar clinical success rate as moxifloxacin. In both the OASIS-I and OASIS-II trials that analyzed acute bacterial skin and skin structure infections patients, omadacycline was shown to have similar clinical success rate at early clinical response at 48 to 72 hours after the first dose as linezolid.

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

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

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

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

Antibacterials, Miscellaneous: AHFS 081228

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the miscellaneous antibacterials are a diverse group of products that are used to treat many different types of infections. The Food and Drug Administration-approved indications vary depending on the particular agent and antimicrobial properties. It is important to analyze current treatment guidelines and published studies when making therapeutic decisions about the miscellaneous antibacterial agents. The miscellaneous antibacterials that are included in this review are listed in Table 1 on pages 858. A number of agents in the class are available in a generic formulation. Vancomycin is now available in an oral solution formulation under the brand name Firvanq®. Tedizolid is now approved for the treatment of acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible bacteria in pediatric patients 12 years of age and older.

Lefamulin (Xenleta®) is a pleuromutilin antibacterial indicated for the treatment of adults with community-acquired bacterial pneumonia (CABP) caused by designated susceptible microorganisms. It inhibits bacterial protein synthesis by binding to the 50S subunit at the peptidyl transferase center, thereby preventing peptide bond formation. This unique mechanism of action has been associated with a low probability of cross-resistance to other antimicrobial classes based on in vitro studies. The safety and efficacy of lefamulin was assessed in the LEAP1 and LEAP2 trials. The results of LEAP1 showed lefamulin was noninferior to moxifloxacin for early clinical response and investigator assessment of clinical response success. The LEAP2 trial showed noninferiority of 5 to 10 days of lefamulin compared to 7 to 10 days of moxifloxacin given in intravenous-to-oral or oral administration.

On January 31, 2020 the FDA requested that all current manufacturers of bacitracin for injection voluntarily withdraw their product from the market. Based on the FDA's review of currently available data, the FDA believes that the potential problems associated with bacitracin for injection are sufficiently serious to remove the drug from the market. Treatment with bacitracin for injection may cause renal failure due to tubular and glomerular necrosis.

There is insufficient evidence to support that one brand miscellaneous antibacterial is safer or more efficacious than another within its given indication. Since the majority of these agents are not indicated as first-line therapy for the management of common infectious diseases that would be

seen in general use and due to concerns for the development of resistance, these agents should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand miscellaneous antibacterials within the class reviewed are comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use. Bacitracin possesses an extensive adverse effect profile compared to the other brands and generics in the class.

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

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

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

6. RESULTS OF VOTING ANNOUNCED

The results of voting for each of the therapeutic classes will be emailed to the committee. 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 4, 2021

9. ADJOURN

There being no further business, Dr. Holloway moved to adjourn, and Dr. Hughes seconded. The meeting adjourned at 2:00 p.m.

Appendix

RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
May 5, 2021

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

Amendment: None

Vote: Unanimous to approve as recommended

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

 Kathy Hill Approve Approve as amended Disapprove No action
Deputy Commissioner

 Stephanie A Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

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

 Kathy Hill Approve Approve as amended Disapprove No action
Deputy Commissioner

 Stephanie A Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

Assistant
M. Rowe, MD Approve Approve as amended Disapprove No action
Medical Director
Kathy Hull Approve Approve as amended Disapprove No action
Deputy Commissioner
Stephanie A. Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

Assistant
M. Rowe, MD Approve Approve as amended Disapprove No action
Medical Director
Kathy Hull Approve Approve as amended Disapprove No action
Deputy Commissioner
Stephanie A. Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

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

 Kathy Hull Approve Approve as amended Disapprove No action
Deputy Commissioner

 Stephanie A Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

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

 Kathy Hull Approve Approve as amended Disapprove No action
Deputy Commissioner

 Stephanie A Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

Assistant
 Theresa Approve Approve as amended Disapprove No action
Medical Director

 Kathy Hull Approve Approve as amended Disapprove No action
Deputy Commissioner

 Stephanie A Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

Assistant
 Theresa Approve Approve as amended Disapprove No action
Medical Director

 Kathy Hull Approve Approve as amended Disapprove No action
Deputy Commissioner

 Stephanie A Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

ant *W. Rowe, MD* Approve Approve as amended Disapprove No action
Medical Director

 Kathy Wall Approve Approve as amended Disapprove No action
Deputy Commissioner

 Stephanie A. Approve Approve as amended Disapprove No action
Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

ant *W. Rowe, MD* Approve Approve as amended Disapprove No action
Medical Director

 Kathy Wall Approve Approve as amended Disapprove No action
Deputy Commissioner

 Stephanie A. Approve Approve as amended Disapprove No action
Commissioner

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

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

Amendment: None

Vote: Unanimous to approve as recommended

Asst
 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

L. Recommendation: No brand cerebral stimulant/agent used for ADHD 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

Asst
 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

M. Recommendation: No brand wakefulness promoting 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

Accountant
[Signature] Approve Approve as amended Disapprove No action
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

5/13/2021

Rachel Bacon, Pharm.D.

Date