Minutes of Meeting

Alabama Medicaid Agency
Pharmacy and Therapeutics Committee

February 5, 2025

Members Present: Dr. Lee Carter (Chairperson), Terri Madry, RPh, Dr. Kelli Newman, Dr. Alivia Price, Dr. Melinda Rowe, Dr. Chandler Stisher, Dr. George Sutton, and Dr. Darlene Traffanstedt (virtual via WebEx)

Members Absent: Dr. Frances Heinze (Vice-Chairperson), Dr. Ashley Lane, Dr. Kenny Murray, Dr. Blake Tennant

Presenters: Dr. Rachel Bacon and Dr. Thomas Pomfret

1. OPENING REMARKS

Chairperson Carter called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 1:05 p.m.

2. APPROVAL OF MINUTES

Chairperson Carter asked if there were any corrections to the minutes from the November 6, 2024 P&T Committee Meeting.

There were no objections. Dr. Sutton 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 stated that P&T members have the most recent ALERTs in their packets. The opioid dependence drugs have entered the electronic PA program. Phase 2 will come later in the year with the intent to increase access for buprenorphine-naïve patients. The legislative session began yesterday: budget presentations are ongoing this week, which are public meetings available online for viewing. The Agency would like to introduce the new PDL Administrator, Jasmine Johnson.

4. ORAL PRESENTATIONS BY MANUFACTURERS/MANUFACTURERS' REPRESENTATIVES

Five-minute verbal presentations were made on behalf of pharmaceutical manufacturers. The process and timing system for the manufacturers' oral presentations was explained. The drugs and corresponding manufacturers are listed below with the appropriate therapeutic class. There were 7 manufacturer verbal presentations at the meeting.

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

The pharmacotherapy class reviews began at approximately 1:17 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, Skin and Mucous Membrane Cell Stimulants and Proliferants, and Disease-Modifying Antirheumatic Drugs (DMARDs) were last reviewed in February 2023. The Skin and Mucus Membrane Immunomodulatory Agents class is under a new AHFS class number and was last reviewed in May 2024. There were two new classes designated by AHFS that were reviewed for the first time: Skin and Mucous Membrane Phosphodiesterase-4 Inhibitors and Skin and Mucous Membrane Janus Kinase Inhibitors.

Skin and Mucous Membrane Antivirals: AHFS 840406
Manufacturer comments on behalf of these products:
Verrica - Ycanth®

Dr. Bacon commented that the skin and mucous membrane antivirals included in this review are listed in Table 1 on page 57. Cantharidin topical solution (Ycanth®) has been approved since the last review and is approved for the topical treatment of molluscum contagiosum in adult and pediatric patients two years of age and older. Cantharidin (Ycanth®) has shown a significant difference in the proportion of patients with complete clearance of all treatable molluscum contagiosum lesions compared to the vehicle group.

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 Phosphodiesterase-4 Inhibitors: AHFS 840612
Manufacturer comments on behalf of these products:
Pfizer - Eucrisa®
Arcutis – Zoryve® cream
Arcutis – Zoryve® foam

Dr. Bacon commented that the skin and mucous membrane phosphodiesterase-4 inhibitors included in this review are listed in Table 1 on page 311. Crisaborole was previously included in the miscellaneous skin and mucous membrane anti-inflammatory agents class and has been reclassified by AHFS. This is the first review of topical roflumilast. Crisaborole (Eucrisa®) is FDA-approved for the treatment of mild-to-moderate atopic dermatitis in patients three months of age and older. Roflumilast (Zoryve®) 0.3% cream is FDA-

approved for the treatment of plaque psoriasis in patients six years of age and older. Roflumilast (Zoryve®) 0.15% cream is approved for the treatment of mild to moderate atopic dermatitis in adult and pediatric patients six years of age and older. Roflumilast (Zoryve®) 0.3% foam is approved for the treatment of seborrheic dermatitis in adult and pediatric patients nine years of age and older.

No brand skin and mucous membrane phosphodiesterase-4 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 Carter asked the P&T Committee members to mark their ballots.

Skin and Mucous Membrane Janus Kinase Inhibitors: AHFS 840616
Manufacturer comments on behalf of these products:
Pfizer - Cibinqo®

Dr. Bacon commented that the skin and mucus membrane Janus Kinase inhibitors included in this review are listed in Table 1 on page 464. No agents are available in a generic formulation. This is a newly created AHFS class, although some agents have been moved from other AHFS classes. The Janus kinases (JAKs) are protein tyrosine kinases (TYKs) that bind to transmembrane type 1 and type 2 cytokine receptors and mediate cellular responses to cytokines and growth factors. These mediators are important in immune defense and in immune-mediated disease. JAK inhibitors are available for clinical use as oral and topical agents for immune-mediated and inflammatory diseases. The agents in this review are predominantly used for treatment of atopic dermatitis and plaque psoriasis.

Abrocitinib (Cibinqo®) is a JAK inhibitor indicated for the treatment of adults and pediatric patients 12 years of age and older with refractory, moderate-to-severe atopic dermatitis whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable. It carries a boxed warning for serious infections, mortality, malignancy, major adverse cardiovascular events (MACE), and thrombosis. In the 2024 Atopic Dermatitis: A Practice Parameter Update, oral JAK inhibitors including abrocitinib are a recommended systemic treatment in adults and adolescents with moderate-severe atopic dermatitis refractory, intolerant, or unable to use mid- to high potency topical treatment and systemic treatment inclusive of a biologic recommended previously.

Deucravacitinib (Sotyktu®) is a tyrosine kinase 2 (TYK2) inhibitor indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. 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, biologic immune modifying agents, and deucravacitinib (Sotyktu®). Treatment choice should be driven by disease severity, shared decision making, and the presence of any comorbid conditions.

Ruxolitinib cream (Opzelura®) is indicated for the topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised adult and pediatric patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. It carries a boxed warning for serious infections, mortality, malignancy, major adverse cardiovascular events, and thrombosis. For the treatment of atopic dermatitis, emollients are

considered the standard of care. They are steroid-sparing and are useful for both prevention and maintenance therapy. Topical corticosteroids provide symptomatic relief and are safe to use in the short term. Topical calcineurin inhibitors are second-line therapy in patients who have failed to respond adequately to other topical treatments, or when those treatments are not advisable. Updated atopic dermatitis guidelines recommend the use of ruxolitinib cream in line with its package insert.

No brand skin and mucus membrane Janus Kinase 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. Preferred agents may be managed through the "preferred with clinical criteria" program.

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 902400

Manufacturer comments on behalf of these products:

Amgen - Otezla®

Novartis - Cosentyx®

Dr. Bacon commented that the disease-modifying antirheumatic drugs (DMARDs) included in this review are listed in Table 1 on page 620. Many agents have been recategorized by AHFS. The DMARDs are used for a variety of inflammatory and immunologic conditions. Leflunomide is available in a generic formulation. Unbranded Infliximab was approved under a supplemental biologics license application and is the same product as Remicade®. Several agents are available in biosimilar formulations. Direct comparison between these agents is difficult due to the wide range of mechanisms of action and therapeutic uses. Many of the drugs in this class have overlapping indications and uses across other AHFS classes.

Since the last review, ixekizumab, ustekinumab, anifrolumab, belimumab, and vedolizumab have all been added to this AHFS class. Indications for these agents are broad, including lupus nephritis, systemic lupus erythematosus, ankylosing spondylitis, non-radiographic axial spondyloarthritis, plaque psoriasis, psoriatic arthritis, Crohn's Disease, and ulcerative colitis. Additionally, there are new biosimilars for adalimumab, infliximab, and tocilizumab. Many agents in this class have boxed warnings, with the warnings most commonly related to malignancies and serious infections.

There have been many guideline updates since this class was last reviewed. In general, treatment guidelines that incorporate the use of DMARDs recommend the use of biologic agents in patients who have not responded to conventional therapies. Agent selection should be individualized based on patient-specific factors such as co-morbid conditions, prior treatment trials, disease severity, and safety considerations.

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.

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. Pomfret 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. Mafenide has been moved from another AHFS class. It is used for the treatment of burn wound infections and has a broad spectrum of activity. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

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 Antifungals: AHFS 840408
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that the skin and mucous membrane antifungals included in this review are listed in Table 1 on page 85. Many of the antifungals 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.

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. Pomfret commented that the skin and mucous membrane scabicides and pediculicides included in this review are listed in Table 1 on page 175. All of the agents are available in a generic formulation. Lindane shampoo was discontinued in 2022.

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.

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. Pomfret commented that the skin and mucous membrane miscellaneous local anti-infectives included in this review are listed in Table 1 on page 209. Mafenide was reclassified by AHFS to the skin and mucous membrane antibacterials. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

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. Pomfret commented that the skin and mucous membrane corticosteroids included in this review are listed in Table 1 on page 228. 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. There have been no major changes in the prescribing information, treatment guidelines, or clinical studies since this class was last reviewed.

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. Pomfret 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 Miscellaneous Anti-inflammatory Agents: AHFS 840692
Manufacturer comments on behalf of these products:
None

Dr. Pomfret commented that currently there are no prescription medications classified by American Hospital Formulary Service (AHFS) as Skin and Mucous Membrane Miscellaneous Anti-inflammatory Agents. Crisaborole (Eucrisa®) was previously in this class but has been reclassified by AHFS.

No brand skin and mucous membrane anti-inflammatory agent, miscellaneous is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 840692 in the Preferred Drug List (PDL) screening process. If new prescription skin and mucous membrane anti-inflammatory agents, miscellaneous 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. Pomfret commented that the skin and mucous membrane antipruritics and local anesthetics included in this review are listed in Table 1 on page 339. 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.

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.

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 389. Many of the agents have moved to this class from the miscellaneous skin and mucus membrane class. The agents in this class are approved for the treatment of a variety of hyperkeratotic skin conditions, including warts and psoriasis. The wide variety of products, as well as the range of Food and Drug Administration (FDA)-approved indications, makes direct comparisons difficult. It is important to analyze current treatment guidelines and published studies when making therapeutic decisions about the agents in this class.

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 442. Most of the agents previously included in this class have been moved to other

classes by AHFS. Birch bark extract is indicated for the treatment of wounds associated with dystrophic and junctional epidermolysis bullosa in adult and pediatric patients six months of age and older. Calcitriol is indicated for the treatment of mild to moderate plaque psoriasis in adults and pediatric patients two years and older.

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 463. At this time, there is not a role for the skin and mucous membrane cell stimulants and proliferants in general use.

No brand skin and mucous membrane stimulant and proliferant is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 841600 in the Preferred Drug List (PDL) screening process. If new prescription skin and mucous membrane cell stimulants and proliferants 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 Mucus Membrane Immunomodulatory Agents: AHFS 840628
Manufacturer comments on behalf of these products:
None

Dr. Bacon noted that the skin and mucus membrane immunomodulatory agents included in this review are listed in Table 1 on page 494. 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. Direct comparison between these agents is difficult due to the wide range of mechanisms of action and therapeutic uses.

There have been many guideline updates since this class was last reviewed. Some agents in this class, for example dupilumab, are approved for a wide range of indications. In general, treatment guidelines that incorporate the use of these agents recommend the use of biologic agents in patients who have not

responded to conventional therapies. Agent selection should be individualized based on patient-specific factors such as co-morbid conditions, prior treatment trials, disease severity, and safety considerations.

No brand skin and mucus membrane immunomodulatory 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.

6. NEW BUISNESS

Dr. Sutton stated that many prescription drugs are very expensive, and he would like to see prices disclosed in advertising. He appreciates the Agency's price negotiations and diligence in the changing landscape. Dr. Newman noted that the DUR Board also reviews utilization and cost.

7. RESULTS OF VOTING ANNOUNCED

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

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for May 7, 2025, at the Medicaid Building in the Commissioner's Board Room.

9. ADJOURN

There being no further business, Dr. Stisher moved to adjourn and Dr. Sutton seconded. The meeting adjourned at 2:17 p.m.

Appendix

RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
February 5, 2025

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

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

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

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.

Amendment: None

Vote: Unanimous to approve as recommended

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

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

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.

Amendment: None

Vote: Unanimous to approve as recommended

H. **Recommendation:** No brand skin and mucous membrane phosphodiesterase-4 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

I. **Recommendation:** No brand miscellaneous skin and mucous membrane anti-inflammatory agent is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 840692 in the Preferred Drug List (PDL) screening process.

Amendment: None

Vote: Unanimous to approve as recommended

J. **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

K. **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.

Amendment: None

Vote: Unanimous to approve as recommended

L. **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. 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.

Amendment: None

Vote: Unanimous to approve as recommended

N. 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

O. Recommendation: No brand skin and mucous membrane cell stimulant and proliferant is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 841600 in the Preferred Drug List (PDL) screening process.

Amendment: None

Vote: Unanimous to approve as recommended

P. Recommendation: No brand skin and mucus membrane Janus Kinase 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

Q. Recommendation: No brand skin and mucus membrane immunomodulatory 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

R. 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

Respectfully submitted,

Rachel Bacon

February 6, 2025

Rachel Bacon, PharmD, MPH — Date