Minutes of Meeting

Alabama Medicaid Agency
Pharmacy and Therapeutics Committee

November 5, 2025

Members Present in person: Dr. Lee Carter (Chairperson), Dr. Frances Heinze (Vice-Chairperson), Dr. Kenny Murray, Dr. Kelli Newman, Dr. George Sutton, and Dr. Jack Wanschek

Members Present via WebEx: Terri Madry, RPh and Dr. Chandler Stisher

Members Absent: Dr. Alivia Price, Dr. Melinda Rowe, Dr. Darlene Traffanstedt

Presenters: Dr. Rachel Bacon and Dr. Sarah Dube

1. OPENING REMARKS

Chairperson Carter called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 1:12 p.m.

2. APPROVAL OF MINUTES

Chairperson Carter asked if there were any corrections to the minutes from the August 6, 2025 P&T Committee Meeting.

There were no objections. Dr. Carter made a motion to approve the minutes as presented and Dr. Murray seconded to approve the minutes. The minutes were unanimously approved via roll call vote.

3. PHARMACY PROGRAM UPDATE

Dr. Newman stated that there is a new law in the state of Alabama that allows for virtual meetings in which a vote takes place. A virtual option is now available to allow for flexibility for the members to attend virtually, allowing providers to optimize time at their practice location. Dr. Newman read selected excerpts from the meeting laws. A roll call vote is required for all voting members when any members are attending via WebEx. We will be respectful of industry and manufacturers by having the classes with speakers be voted on separately; other classes with no questions may be voted in a block vote. If electronic communications fail, that failure shall not be grounds to challenge action taken during the meeting. Ex-officio members (Medicaid staff) do not count as a vote or towards the quorum. Dr. Murray asked if this was a legislative or policy mandate that Medicaid staff are non-voting members. This is by statute and would require a law change to update. We would like members to think of ideas for a rotation or other solution for who

participates virtually or in-person for which meeting. A commitment for meeting attendance is needed to ensure we can vote and not limit access for our members.

The ALERTs are included in your packet and will be summarized in the new business.

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 were three manufacturer verbal presentations at the meeting.

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

The pharmacotherapy class reviews began at approximately 1:29 p.m. There were 19 drug class re-reviews. The first generation antihistamines; estrogens; alpha glucosidase inhibitors; amylinomimetics; biguanides; dipeptidyl peptidase-4 inhibitors; incretin mimetics; insulins; meglitinides; sodium-glucose cotransport 1 inhibitors; sodium-glucose cotransport 2 inhibitors; sulfonylureas; thiazolidinediones; antidiabetic agents, miscellaneous; prenatal vitamins; multiple sclerosis agents; antigout agents; genitourinary smooth muscle relaxants: antimuscarinics; and genitourinary smooth muscle relaxants: beta-3 agonists were last reviewed in November 2023. There was a new drug review of Ebglyss® (lebrikizumab-lbkz).

New Drug Review: Ebglyss® (lebrikizumab-lbkz)
Manufacturer comments on behalf of these products:
Ebglyss® - Eli Lilly and Company

Dr. Bacon commented that Ebglyss® (lebrikizumab-lbkz) is an interleukin (IL)-13 antagonist indicated for the treatment of adults and pediatric patients 12 years of age and older who weigh at least 40 kg with moderate-to-severe atopic dermatitis (AD) whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. One of the mechanisms implicated in the pathogenesis of AD is immune dysregulation and inflammation, involving the release of various inflammatory cytokines, which include IL-13, the therapeutic target of lebrikizumab-lbkz.

Atopic dermatitis is a chronic, pruritic, inflammatory skin condition. Current treatment modalities include the avoidance of triggers, skin hydration, phototherapy, topical agents (corticosteroids, calcineurin inhibitors, topical phosphodiesterase 4 inhibitors, and the topical Janus Kinase [JAK] inhibitor, ruxolitinib), oral antihistamines, and systemic immunomodulatory agents. Additionally, patients with moderate to severe AD may be treated with the subcutaneous IL-4 and IL-13 inhibitor Dupixent® (dupilumab), the IL-13 antagonists Adbry® (tralokinumab-ldrm) or Ebglyss® (lebrikizumab-lbkz), or the oral JAK inhibitors Rinvoq® (upadacitinib) and Cibinqo® (abrocitinib).

However, JAK inhibitors come with a boxed warning for the potential risk of serious infections, mortality, malignancy, major cardiovascular events, and thrombosis.

Results of the monotherapy trials (ADvocate 1 and ADvocate 2) showed that at week 16, significantly more patients treated with lebrikizumab-lbkz achieved the primary efficacy endpoint than those treated with placebo, with 33 to 43% achieving an IGA score of 0 or 1 with a ≥2-point reduction from baseline compared to 11 to 13% in the placebo group. The ADhere trial evaluated the combination of lebrikizumab-lbkz or placebo with topical corticosteroids for the treatment of moderate-to-severe atopic dermatitis in patients ≥12 years of age who weighed at least 40 kg. The results demonstrated that lebrikizumab-lbkz, when combined with topical corticosteroids, provided significant benefits compared to topical corticosteroids alone at week 16; 41% of patients in the lebrikizumab-lbkz group achieved an IGA score of 0 or 1 with a ≥2-point reduction from baseline, compared to 22% of patients in the placebo group.

Guidelines from the American Academy of Allergy, Asthma & Immunology (AAAAI), American College of Allergy, Asthma & Immunology (ACAAI), and the American Academy of Dermatology (ADD) provide evidence-based recommendations for the treatment of atopic dermatitis. These guidelines emphasize the foundational role of emollients and moisturizers, and recommend topical corticosteroids and topical calcineurin inhibitors for managing flares or uncontrolled disease, as well as for proactive maintenance therapy to prevent relapses in patients with relapsing disease. Topical therapies are often used in conjunction with systemic therapy or phototherapy in clinical practice. For advanced disease, systemic options such as biologics and Janus kinase (JAK) inhibitors are recommended. In general, treatment guidelines that incorporate the use of biological agents recommend their use 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.

There is insufficient evidence to demonstrate that brand lebrikizumab-lbkz is safer or more efficacious than other agents within its given indications. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand 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 lebrikizumab-lbkz 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.

There were no further discussions on the agents in this class. Chairperson Carter asked the P&T Committee members to vote. The recommendation was unanimously approved as recommended via roll call vote.

Multiple Sclerosis Agents: AHFS 900400

Manufacturer comments on behalf of these products:
Briumvi® - TG Therapeutics
Ocrevus® - Genentech

Dr. Bacon commented that the multiple sclerosis (MS) agents are now under a new AHFS class number. MS is an autoimmune inflammatory demyelinating disease of the central nervous system. There are several clinical subtypes of MS: clinically isolated syndrome (CIS), radiologically isolated syndrome (RIS), relapsing-remitting (RRMS), primary progressive (PPMS), and secondary progressive (SPMS). The most common form is RRMS, characterized by acute relapses followed by partial or full recovery. Dimethyl fumarate, fingolimod, glatiramer acetate, and teriflunomide are available in a generic formulation. Agents included in this review are listed in Table 1 starting on page 1160.

Several agents are Food and Drug Administration (FDA)-approved for the treatment of adult patients with relapsing forms of multiple sclerosis (MS), including both injectable products and oral products. Of note, ocrelizumab (Ocrevus®) is also FDA-approved for the treatment of primary progressive MS.

Current clinical guidelines generally recommend the disease-modifying agents as first line treatment options. All available agents have been shown to decrease MRI lesion activity, prevent relapses, delay disease progression, and ultimately reduce disability from MS. The goals of MS therapy include slowing disease progression, reducing relapse rate and preventing or postponing long-term disability. Guidelines from the American Academy of Neurology (AAN) and the MS Coalition recommend patient specific factors guide therapy. Specifically, the AAN guideline recommends alemtuzumab, fingolimod, or natalizumab for patients with highly-active RRMS. Guidance from the Multiple Sclerosis Coalition recommend utilizing a high efficacy medication (such as alemtuzumab, cladribine, fingolimod, ocrelizumab, or natalizumab) for newly-diagnosed individuals with highly active MS. For patients with less disease activity or for patients who prioritize convenience and/or safety, the other MS agents may be used as initial therapies. Guidelines recommend the use of alemtuzumab in highly active MS; however, because of its safety profile, the use of alemtuzumab should generally be reserved for patients who have had an inadequate response to two or more drugs indicated for the treatment of MS.

Many agents have had new warnings added to their prescribing information since the last review. Mavenclad® has added a warning for a risk of liver injury and liver function tests should be obtained prior to each treatment cycle and course. Mavenclad® has a boxed warning for malignancies and teratogenicity. Because of its safety profile, use of Mavenclad® is generally recommended for patients who have had an inadequate response to, or are unable to tolerate, an alternate drug indicated for the treatment of MS. Briumvi®, Kesimpta®, and Ocrevus® also have new warnings for liver injury and require liver function monitoring. Ponvory®, Zeposia®, and Tascenso® have added warnings for cutaneous malignances and macular edema and require ophthalmic and skin evaluations prior to the first dose. Bafiertam®, Vumerity®, and Tecfidera® have added a warning for serious gastrointestinal reactions. Copaxone® and Glatopa® have a newly added boxed warning for life-threatening and fatal anaphylaxis.

There is insufficient evidence to support that one brand multiple sclerosis agent is safer or more efficacious than another within its given indication, with the exception of safety concerns associated with alemtuzumab and cladribine use. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process. Because of its safety profile, the use of alemtuzumab and cladribine should generally be reserved for patients who have had an inadequate response to two or more drugs indicated for the treatment of MS. Ocrelizumab should be available for adults with primary progressive MS.

Therefore, all brand multiple sclerosis agents, with the exception of alemtuzumab and cladribine, within the class reviewed are comparable to each other and to the generic products in the class (if applicable) within their given indications and offer no significant clinical advantage over other alternatives in general use.

No brand multiple sclerosis 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.

Alemtuzumab and cladribine 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 vote. The recommendation was unanimously approved as recommended via roll call vote.

First Generation Antihistamines: Ethanolamine Derivatives, AHFS 040404; Ethylenediamine Derivatives, AHFS 040408; and Propylamine Derivatives, AHFS 040420
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the first generation antihistamines included for this review are listed in Table 1 on page 9. The first generation antihistamines are approved for use in several allergic and nonallergic conditions; however, these agents are primarily utilized for the treatment of allergic rhinitis, urticaria, and angioedema. The majority of these agents are available in a generic formulation. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand first generation antihistamine 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.

Estrogens: AHFS 681604
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the estrogens that are included in this review are listed in Table 1 beginning on page 72. Estradiol, estradiol valerate, estradiol-norethindrone, and norethindrone-ethinyl estradiol are available in a generic formulation. The estrogens are available in a variety of dosage forms, including injectable, oral, topical, transdermal, and vaginal preparations. Veozah® (fezolinetant) is a first-in-class, nonhormonal, selective neurokinin 3 (NK3) receptor antagonist indicated for the treatment of moderate to severe vasomotor symptoms (VMS) due to menopause. Fezolinetant blocks neurokinin B binding on the kisspeptin/neurokinin B/dynorphin (KNDy) neuron to modulate neuronal activity in the thermoregulatory center, helping to reduce the number and intensity of VMS. Veozah® (fezolinetant) was reviewed as a new drug in February 2024 and will subsequently be included in the Estrogens review.

No brand estrogen 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.

Alpha Glucosidase Inhibitors: AHFS 682002
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the alpha-glucosidase inhibitors are approved for use as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. The alpha-glucosidase inhibitors that are included in this review are listed in Table 1 on page 186. Acarbose and miglitol are both available in a generic formulation. There have been no major changes in prescribing information, treatment guidelines, or clinical studies relating to these agents since the class was last reviewed.

No brand alpha-glucosidase 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.

Amylinomimetics: AHFS 682003
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that pramlintide is the only amylinomimetic agent currently available. It is approved for use as an adjunctive treatment in patients with type 1 and type 2 diabetes mellitus who use mealtime insulin therapy and who have failed to achieve desired glucose control despite optimal insulin therapy. There have been no major changes in prescribing information, treatment guidelines, or clinical studies relating to these agents since the class was last reviewed.

No brand amylinomimetic 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.

Biguanides: AHFS 682004
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that metformin remains the only biguanide that is currently available. It is FDA-approved as adjunct therapy to diet and exercise to improve glycemic control in patients with type 2 diabetes. Metformin is available generically.

Metformin is the initial agent recommended in the glucose-centric algorithm for glycemic control. Metformin remains the recommended first-line therapy for most antidiabetic treatment regimens and remains the cornerstone to most combination dual and triple therapy regimens. Among current treatment guidelines, preference of one formulation of metformin over another is not stated.

No brand biguanide 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.

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors: AHFS 682005
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the DPP-4 inhibitors included in this review are listed in Table 1 on page 369. Many products are available in a generic formulation. There have been no major changes in prescribing information, treatment guidelines, or clinical studies relating to these agents since the class was last reviewed.

No brand DPP-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.

Incretin Mimetics: American Hospital Formulary Service (AHFS) 682006
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the incretin mimetics included in this review are listed in Table 1 on page 477. The incretin mimetics are FDA approved for use as an adjunct to diet and exercise to

improve glycemic control in patients with type 2 diabetes, with some agents also having non-diabetes indications (see Table 3 on page 489). Victoza® (liraglutide), Trulicity® (dulaglutide), Ozempic® (semaglutide), Wegovy® (semaglutide), and Zepbound® (tirzepatide) all have indications beyond improving glycemic control in patients with type 2 diabetes mellitus. These additional indications include cardiovascular risk reduction, obstructive sleep apnea, reducing the risk of sustained eGFR decline, and noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) and may or may not be limited to use in patients with type 2 diabetes depending on the specific agent.

A new warning has been added stating that incretin mimetics delay gastric emptying. There have been rare postmarketing reports of pulmonary aspiration in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation who had residual gastric contents despite reported adherence to preoperative fasting recommendations.

A variety of clinical trials have been conducted evaluating the incretin mimetics. The incretin mimetics have been evaluated in combination with and in comparison to a variety of antidiabetic therapies. In these studies, the more aggressive treatment regimens improved glycemic parameters to a greater extent than the less-intensive treatment regimens. Additional trials have been conducted recently for non-diabetic outcomes, including chronic kidney disease, cardiovascular outcomes, OSA, and noncirrhotic metabolic dysfunction-associated steatohepatitis with results demonstrating improvement over placebo.

There is insufficient evidence to support that one brand incretin mimetic is safer or more efficacious than another within its given indication. Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process. The incretin mimetics that have been approved for indications outside of the treatment of type 2 diabetes should be available for those disease states through the existing prior authorization process.

Therefore, all brand 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 incretin mimetic 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.

Insulins: AHFS 682008
Manufacturer comments on behalf of these products:
None

Dr. Dube commented that the insulins included in this review are listed in Table 1 on page 611. Generic, over-the-counter, and biosimilar formulations of the insulins are available. There have

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

No brand insulin, with the exception of rapid-acting and long-acting insulin analogs, 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.

Alabama Medicaid should work with manufacturers on cost proposals so that at least one rapid-acting insulin analog is selected as a preferred agent.

Alabama Medicaid should work with manufacturers on cost proposals so that at least one long-acting insulin analog is selected as a preferred agent.

There were no further discussions on the agents in this class.

Meglitinides: AHFS 682016
Manufacturer comments on behalf of these products:
None

Dr. Dube commented that the meglitinides included in this review are listed in Table 1 on page 781. The meglitinides are FDA-approved for use as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Nateglinide and repaglinide are available in generic formulations. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand meglitinide 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.

Sodium-glucose Cotransport 1 Inhibitors: AHFS 682017
Manufacturer comments on behalf of these products:
None

Dr. Dube commented that currently there are no prescription medications classified by AHFS as Sodium-glucose Cotransport 1 Inhibitors. No SGLT1 inhibitor is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 682017 in the Preferred Drug List screening process. If new prescription sodium-glucose cotransport 1 inhibitors are added, it is recommended that this class be re-reviewed.

There were no further discussions on the agents in this class. Dr. Murray noted that the incorrect AHFS number was on the ballot. He amended to correct the AHFS number.

Sodium-glucose Cotransport 2 Inhibitors: AHFS 682018

Manufacturer comments on behalf of these products:
None

Dr. Dube commented that the sodium-glucose cotransport 2 (SGLT2) inhibitors included in this review are listed in Table 1 on pages 827 and 828. The SGLT2 inhibitors are FDA-approved for type 2 diabetes mellitus, with select agents also approved for cardiovascular and renal indications. Since the last review, generic products for dapagliflozin and dapagliflozin-metformin extended-release have become available; these products are currently the only generic formulations in the class.

Additionally, Empagliflozin has gained approval to reduce the risk of sustained decline in estimated glomerular filtration rate, end-stage kidney disease, cardiovascular death, and hospitalization for heart failure in adults with chronic kidney disease at risk of progression. The approval was based on a randomized, double-blind, placebo-controlled trial in which patients received empagliflozin 10 mg once daily or matching placebo and were followed for a median of 2 years. The primary endpoint, defined as the first occurrence of progression of kidney disease or death from cardiovascular causes, occurred in 13.1% of patients in the empagliflozin group compared to 16.9% in the placebo group (P<0.001).

Furthermore, dapagliflozin has received an expanded indication to improve glycemic control in pediatric patients aged 10 years and older with type 2 diabetes. This approval was based on results from the 26-week, multicenter, randomized, double-blind, placebo-controlled, phase III, T2NOW trial, which enrolled patients 10 to 17 years of age with inadequately controlled type 2 diabetes on metformin, insulin, or both. Patients were randomized to receive dapagliflozin 5 mg, saxagliptin 2.5 mg, or placebo, with the primary endpoint being the change in HbA1c from baseline to week 26. The adjusted mean change in HbA1c was -0.62% in the dapagliflozin group and +0.41% in the placebo group, resulting in a placebo-adjusted difference of -1.03% (P<0.001), which was sustained through week 52.

No brand sodium-glucose cotransport 2 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.

Sulfonylureas: AHFS 682020
Manufacturer comments on behalf of these products:
None

Dr. Dube commented that the sulfonylureas included in this review are listed in Table 1 on page 894. The sulfonylureas are approved for use as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. All sulfonylureas are available in a generic formulation, including the fixed-dose combination products. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand sulfonylurea 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.

Thiazolidinediones: AHFS 682028
Manufacturer comments on behalf of these products:
None

Dr. Dube commented that the thiazolidinediones included in this review are listed in Table 1 on page 1013. The thiazolidinediones are approved for use as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. All agents are available in generic formulations. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand thiazolidinedione 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.

Antidiabetic Agents, Miscellaneous: AHFS 682092
Manufacturer comments on behalf of these products:
None

Dr. Dube commented that the antidiabetic agents, miscellaneous included in this review are listed in Table 1 on page 1121. Since the last review, a generic formulation of mifepristone has become available. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand antidiabetic agent, miscellaneous 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.

Multivitamin Preparations - Prenatal Vitamins: AHFS 882800
Manufacturer comments on behalf of these products:
None

Dr. Dube commented that the prenatal vitamins included in this review are listed in Table 1 on pages 1133 and 1134. It should be noted that the products included in this review contain an extensive ingredient list, which can be found separately in the prescribing information. The term "prenatal vitamins" in Table 1 collectively refers to all active vitamin and mineral ingredients. Additional ingredients, including folic acid and iron, have been listed out separately. Many of the

prenatal vitamins are available in a generic formulation, including products which contain omega-3 fatty acids. Since the last review, a tablet formulation containing 6 mg of iron and 833.5 mcg of folic acid has become available under the brand-name, Natal PNV®. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand prenatal vitamin 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.

Antigout Agents: AHFS 921600
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the antigout agents that are included in this review are listed in Table 1 on page 1286. All products are currently available in a generic formulation, with the exception of pegloticase. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

No brand antigout 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.

Pegloticase should not be placed in preferred status, regardless of cost.

There were no further discussions on the agents in this class.

Genitourinary Smooth Muscle Relaxants- Antimuscarinics: AHFS 861204
Manufacturer comments on behalf of these products:
None

Dr. Bacon commented that the genitourinary smooth muscle relaxants- antimuscarinics included in this review are listed in Table 1 on page 1340. All of the agents are available in a generic formulation. Many guidelines have been updated and antimuscarinic agents are the primary treatment for patients with overactive bladder symptoms (with or without urge incontinence), in addition to lifestyle modifications and behavioral therapy.

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

There were no further discussions on the agents in this class.

Genitourinary Smooth Muscle Relaxants- Beta-3 Adrenergic Agonists: AHFS 861208

Manufacturer comments on behalf of these products:
None

Dr. Bacon noted that the beta-3 adrenergic agonist genitourinary smooth muscle relaxants included in this review are listed in Table 1 on page 1453. Mirabegron is now available in a generic formulation. The consensus recommendations for overactive bladder are from the 2024 American Urological Association and the Society of Urodynamics and Female Pelvic Medication and Urogenital Reconstruction guideline, which recommend monotherapy with either an antimuscarinic agent or β-3 adrenergic receptor agonist as first-line pharmacotherapy, with no specific agent indicated as a preferred. In patients who do not achieve adequate symptom improvement with monotherapy, combination therapy using agents from different pharmacologic classes is recommended.

No brand beta-3 adrenergic agonist genitourinary smooth muscle relaxant is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

There were no further discussions on the agents in this class.

6. RESULTS OF VOTING ANNOUNCED

The committee conducted two votes at this time. The first vote was on amending the SGLT1 class to the correct AHFS number (682017). The recommendation was unanimously approved as amended via roll call vote. The committee then voted on the remaining classes as a block vote. The recommendations were unanimously approved as recommended via roll call vote.

The committee voted to unanimously approve the New Drug Review: Ebglyss® (lebrikizumab-lbkz) and the Multiple Sclerosis Agents recommendations as recommended via roll call vote after the discussion of each topic.

In summary, all classes were approved as recommended with the exception of the SGLT1 class which was approved as amended with the corrected AHFS class number.

7. NEW BUSINESS

Voting for the vice-chairperson occurred via roll call vote. Dr. Heinze conducted a roll call vote and the members unanimously voted for Dr. Carter as vice-chairperson. The vice-chairperson will roll into the chairperson- congratulations to Dr. Heinze.

Dr. Newman stated that the ALERTs are posted on the Medicaid website. There are updates pertaining to RSV prevention in children criteria, continuous glucose monitor (CGM) policy, noninvasive colorectal screening, and several additional topics. The committee members discussed the processes for obtaining CGMs and the benefits this will have for patients.

Dr. Murray asked about the gold standard providers and the PA process. Alabama was one of the first states to implement the gold standard provider program many years ago. Prescribers whose compliance rate with the Agency's PDL is a top specified percent can be exempt from certain prior authorization requirements for a specified time. Providers are re-evaluated each quarter.

The P&T members discussed in-person versus virtual attendance and who would be present for which meetings in 2026.

8. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for February 4, 2026 at the Medicaid Building in the Commissioner's Board Room.

9. ADJOURN

There being no further business, Dr. Carter moved to adjourn and Dr. Heinze seconded. The meeting adjourned at 2:51 p.m.

Appendix

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

A. **Recommendation:** No brand first generation antihistamine 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 estrogen 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 alpha glucosidase 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

D. **Recommendation:** No brand amylinomimetic 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 biguanide 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 dipeptidyl peptidase-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

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

Amendment: None

Vote: Unanimous to approve as recommended

H. **Recommendation:** No brand insulin, with the exception of rapid-acting and long-acting insulin analogs, 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.

Alabama Medicaid should work with manufacturers on cost proposals so that at least one brand rapid-acting insulin analog is selected as a preferred agent.

Alabama Medicaid should work with manufacturers on cost proposals so that at least one brand long acting insulin analog is selected as a preferred agent.

Amendment: None

Vote: Unanimous to approve as recommended

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

Amendment: None

Vote: Unanimous to approve as recommended

J. **Recommendation:** No sodium-glucose cotransport 1 inhibitor is recommended for preferred status. Alabama Medicaid should continue to include AHFS Class 682017 in the Preferred Drug List screening process. If new prescription sodium-glucose cotransport 1 inhibitors are added, it is recommended that this class be re-reviewed.

Amendment: None

Vote: Unanimous to approve as amended to the corrected AHFS number

K. **Recommendation:** No brand sodium-glucose cotransport 2 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

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

Amendment: None

Vote: Unanimous to approve as recommended

N. **Recommendation:** No brand antidiabetic agent, miscellaneous 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 prenatal vitamin is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

P. **Recommendation:** No brand multiple sclerosis 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.

Alemtuzumab and cladribine should not be placed in preferred status regardless of cost.

Amendment: None

Vote: Unanimous to approve as recommended

Q. **Recommendation:** No brand antigout 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.

Pegloticase should not be placed in preferred status, regardless of cost.

Amendment: None

Vote: Unanimous to approve as recommended

R. **Recommendation:** No brand genitourinary smooth muscle relaxant: antimuscarinic 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

S. **Recommendation:** No brand genitourinary smooth muscle relaxant: beta-3 agonist is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

T. **Recommendation:** No brand lebrikizumab-lbkz 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

J. Darlene Traffanstedt, MD ☒ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Medical Director

☑ Approve ☐ Approve as amended ☐ Disapprove ☐ No action
Commissioner

Respectfully submitted,

Rachel Bacon

November 6, 2025

Rachel Bacon, PharmD, MPH — Date