

## **Minutes of Meeting**

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

**August 10, 2022**

**Members Present:** Dr. Lee Carter, Dr. Frances Heinze (Chairperson), Dr. Kelli Littlejohn Newman, Dr. Charles Nevels, and Dr. Melinda Rowe

**Members Absent:** Dr. Albert Holloway (Vice-Chairperson), Dr. Peter Hughes, Dr. Tiffany Lyght

**Presenters:** Dr. Rachel Bacon and Dr. Thomas Pomfret

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

Chairperson Heinze called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 1:04 p.m.

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

Chairperson Heinze asked if there were any corrections to the minutes from the May 4, 2022 P&T Committee Meeting.

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

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

Dr. Newman stated that there are ALERTs in your packet for PHE emergency date extended to Aug 31, CPAP/BiPAP policy update due to national shortages, non-pharmacy COVID-19 vaccine updates, and rate increase for ENT Procedure Codes. Medicaid is following the national monkeypox outbreak closely. Medicaid is also continuing to work on unwinding. A Synagis ALERT is forthcoming with the 2022-23 season beginning Oct 1.

There was a discussion regarding DEA regulatory changes and the challenges this has presented for pharmacists and prescribers.

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

There were no 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 1:28 p.m. There were a total of 13 drug class reviews. The inhaled antimuscarinics, respiratory  $\beta$ -adrenergic agonists, leukotriene modifiers, inhaled mast-cell stabilizers, respiratory agents-corticosteroids, respiratory smooth muscle relaxants, intranasal corticosteroids, eye, ear, nose and throat preparations-antiallergic agents, eye, ear, nose and throat preparations-antibacterials, eye, ear, nose and throat preparations-vasoconstrictors, androgens, complement inhibitors for the treatment of hereditary angioedema, and growth hormone agents were last reviewed in May 2020.

**Inhaled Antimuscarinics: American Hospital Formulary Service (AHFS) 120808**

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the inhaled antimuscarinics included in this review are listed in Table 1 on page 11. Although there have been updates to the existing treatment guidelines in Table 2, there have been no major clinically significant updates pertaining to these products.

All brand short-acting inhaled antimuscarinics 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. Aclidinium, glycopyrrolate, revfenacin, tiotropium, and umeclidinium offer significant clinical advantages in general use over short-acting inhaled antimuscarinics.

No brand short-acting inhaled 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.

At least one long-acting inhaled antimuscarinic is recommended for preferred status. Alabama Medicaid should work with manufacturers on cost proposals so that at least one brand long-acting antimuscarinic is selected as a preferred agent.

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

**Respiratory Beta-Adrenergic Agonists: AHFS 121208**

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the respiratory  $\beta_2$ -agonists included in this review are listed in Table 1 on page 94. Although there have been updates to the existing treatment guidelines in Table 2, there have been no major clinically significant updates pertaining to these products.

All brand short-acting respiratory beta-adrenergic agonists within the class reviewed are comparable to each other and to the generic products (if available) and offer no significant clinical advantage over other alternatives in general use. The brand long-acting respiratory beta-adrenergic agonists offer significant clinical advantages over the short-acting respiratory beta-adrenergic agonists and are comparable to each

other and to the generic products (if available). However, for patients with asthma, the long-acting respiratory beta-adrenergic agonists are not recommended as first-line therapy. For patients with COPD, the long-acting respiratory beta-adrenergic agonists do not offer significant clinical advantages over other long-acting inhaled bronchodilators (e.g., inhaled antimuscarinics). Formulations without a generic alternative should be managed through the medical justification portion of the prior authorization process.

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

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

**Leukotriene Modifiers: AHFS 481024**

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the leukotriene modifiers included in this review are listed in Table 1 on page 204. Montelukast and zafirlukast are classified as leukotriene receptor antagonists, whereas zileuton is classified as a 5-lipoxygenase inhibitor. All agents are available in a generic formulation.

Although there have been updates to the existing treatment guidelines in Table 2, there have been no major clinically significant updates pertaining to these products.

There is insufficient evidence to support that one brand leukotriene modifier is 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 leukotriene modifiers 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 leukotriene modifier 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.

Dr. Heinze commented that she has seen less Singulair use in children since a study came out indicating a potential link to adverse symptoms.

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

**Inhaled Mast-Cell Stabilizers: AHFS 481032**

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that turning to page 258, cromolyn sodium inhalation solution is the only inhaled mast-cell stabilizer that is currently available in this class, and it is available in a generic formulation. Inhaled mast-cell stabilizers have a favorable safety profile but low efficacy for the treatment of asthma. The 2021 Global Initiative for Asthma guidelines do not recommend inhaled mast cell stabilizers for routine use.

Therefore, all brand inhaled mast-cell stabilizers 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 inhaled mast-cell stabilizer is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

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

### **Respiratory Agents-Corticosteroids: AHFS 481008**

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

None

Dr. Bacon commented that the respiratory corticosteroids included in this review are listed in Table 1 on page 275. In 2020, budesonide, glycopyrrolate, and formoterol fumarate combination (Breztri<sup>®</sup>), dosed twice daily, was approved for the maintenance treatment of patients with COPD. Two products with built-in electronic modules which detect, record, and store data on inhaler events for transmission to a mobile app, fluticasone propionate (ArmonAir Digihaler<sup>®</sup>) and fluticasone propionate and salmeterol (Airduo Digihaler<sup>®</sup>) were approved in 2020 and 2019, respectively. Although there have been updates to the existing treatment guidelines in Table 2, there have been no major clinically significant updates pertaining to these products.

Given the role of the single entity inhaled corticosteroids in the management of asthma, one or more brand products within the class reviewed offers significant clinical advantage in general use over the generic products (if applicable), but is comparable to all other brands in the same class. All brand fixed-dose combination inhaled corticosteroids within the class reviewed are comparable to each other and to the generic products in the class (if applicable) and offer no significant clinical advantage over other alternatives in general use. The fixed-dose combination inhaled corticosteroids should be available through the medical justification portion of the prior authorization process for patients who require the combination of an inhaled corticosteroid and LABA to control their respiratory symptoms.

Alabama Medicaid should work with manufacturers on cost proposals so that at least one single entity respiratory agents-corticosteroids is selected as a preferred agent.

No brand fixed-dose combination respiratory agents-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 Heinze asked the P&T Committee members to mark their ballots.

**Respiratory Smooth Muscle Relaxants: AHFS 861600**

Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the respiratory smooth muscle relaxants included in this review are listed in Table 1 on page 490. All agents are available in a generic formulation. Although there have been updates to the existing treatment guidelines in Table 2, there have been no major clinically significant updates pertaining to these products.

There is insufficient evidence to support that one brand respiratory smooth muscle relaxant 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 respiratory smooth muscle relaxants 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 respiratory 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. Chairperson Heinze asked the P&T Committee members to mark their ballots.

**Intranasal Corticosteroids: AHFS 520808**

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the intranasal corticosteroids included in this review are listed in Table 1 on page 537. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

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

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

No brand intranasal 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 Heinze asked the P&T Committee members to mark their ballots.

**Eye, Ear, Nose, and Throat Preparations: Antiallergic Agents: AHFS 520200**

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the EENT antiallergic agents included in this review are listed in Table 1 on page 606. Azelastine, cromolyn, epinastine, and olopatadine are available in a generic formulation. Zerviate<sup>®</sup> is an ophthalmic formulation of cetirizine, a histamine H<sub>1</sub>-receptor antagonist. It is approved for the treatment of ocular itching associated with allergic conjunctivitis. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

There is insufficient evidence to support that one brand EENT antiallergic 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 EENT antiallergic 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 EENT antiallergic agent is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

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

**Eye, Ear, Nose, and Throat Preparations: Antibacterials: AHFS 520404**

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the EENT antibacterials included in this review are listed in Table 1 on page 658. There have been no major changes in prescribing information, treatment guidelines, or clinical studies since the class was last reviewed.

There is insufficient evidence to support that one brand EENT antibacterial 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.

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

No brand EENT 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 Heinze asked the P&T Committee members to mark their ballots.

**Eye, Ear, Nose, and Throat Preparations: Vasoconstrictors: AHFS 523200**

Manufacturer comments on behalf of these products:

None

Dr. Pomfret commented that the EENT vasoconstrictors included in this review are listed in Table 1 on page 755. Phenylephrine is currently the only agent, and it is 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.

There is insufficient evidence to support that one brand EENT vasoconstrictor 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 EENT vasoconstrictors 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 EENT vasoconstrictor is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

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

**Androgens: AHFS 680800**

Manufacturer comments on behalf of these products:

None

Dr. Bacon stated that the androgens included in this review are listed in Table 1 on page 769. An oral formulation of testosterone undecanoate (Jatenzo<sup>®</sup>) was FDA approved in 2019 and is dosed twice daily. It is indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone.

There is insufficient evidence to support that one brand androgen 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 androgens 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 androgen is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

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

**Complement Inhibitors for the Treatment of Hereditary Angioedema (HAE): AHFS Class 923200**  
Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that the complement inhibitors for the treatment of HAE included in this review are listed in Table 1 on page 819. Icatibant is available in a generic formulation. Orladeyo<sup>®</sup> (berotralstat hydrochloride) was approved in December 2020 for prophylaxis to prevent attacks of HAE in patients 12 years of age and older. It is a dihydrochloride salt that binds plasma kallikrein and inhibits its proteolytic activity and is available as an oral capsule.

The 2020 United States Hereditary Angioedema Association Medical Advisory Board: Guidelines for the Management of Hereditary Angioedema state that first-line therapies for long-term prophylactic treatment include IV human C1 esterase inhibitor replacement (Cinryze<sup>®</sup>), subcutaneous human C1 esterase inhibitor replacement (Haegarda<sup>®</sup>), and a monoclonal inhibitor of plasma kallikrein (lanadelumab, Takhzyro<sup>®</sup>). Second-line therapies include the anabolic androgens (i.e., Danazol<sup>®</sup>) and antifibrinolytics (tranexamic acid or aminocaproic acid). Ruconest<sup>®</sup> and Orladeyo<sup>®</sup> are not included in this guideline.

There is insufficient evidence to support that one complement inhibitor for the treatment of hereditary angioedema is safer or more efficacious than another. The drugs in this AHFS class are used in a specific patient population. Because these agents have narrow indications with limited usage, and very specific criteria must be met prior to initiating therapy, these agents should be managed through the medical justification portion of the prior authorization process.

Therefore, all brand complement inhibitors 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 complement inhibitor for the treatment of hereditary angioedema 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 agents.

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

**Growth Hormone Agents: AHFS Class 682800**



Manufacturer comments on behalf of these products:

None

Dr. Bacon commented that all of the growth hormone (GH) preparations contain somatropin, otherwise known as recombinant human GH. Lonapegsomatropin-tcgd (brand name, Skytrofa<sup>®</sup>), is a pegylated prodrug of somatropin. The various preparations are Food and Drug Administration (FDA)-approved for use in a variety of pediatric conditions associated with a failure in growth. The majority of preparations are also indicated for the treatment of growth hormone deficiency (GHD) in adults. Serostim<sup>®</sup> (somatropin) is FDA-approved solely for the treatment of human immunodeficiency virus-associated wasting or cachexia in adults. Specific FDA-approved indications for the various GH preparations are outlined in Table 3 on page 864. There are currently no generics available within the class.

Lonapegsomatropin-tcgd (Skytrofa<sup>®</sup>) is a long-acting prodrug of somatotropin that is FDA-approved solely for the treatment of pediatric patients who have failure in growth due to inadequate secretion of endogenous GH who are one year and older who weigh  $\geq 11.5$  kg. The pivotal clinical trial for Skytrofa<sup>®</sup> demonstrated that once-weekly Skytrofa<sup>®</sup> is clinically comparable to daily somatropin; however, this clinical trial was conducted in treatment naïve patients.

Several GH formulations are available under different brand names. While GH itself is FDA-approved to treat a variety of conditions, not every GH formulation is FDA-approved to treat all of these conditions. Products vary by dosing increments, type of administration device, and storage requirements. Dosing frequency can vary depending on individual product and can range from every-other-day to daily injections. Lonapegsomatropin-tcgd is a pegylated prodrug that is cleaved to somatropin, the active drug, thus allowing for once weekly administration.

There is insufficient evidence to support that one brand growth hormone agent is safer or more efficacious than another. Although the FDA-approved indications for each GH products vary, there is no reported difference between the clinical effects of these agents. Guidelines do not distinguish among the various GH preparations. Because GH products should be limited to members with documented GHD and those with appropriate underlying medical conditions, these agents should be available through the medical justification portion of the prior authorization process.

Therefore, all brand growth hormones agents within the class reviewed are comparable to each other and offer no significant clinical advantage over other alternatives in general use.

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

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

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

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

**7. NEW BUSINESS**

The November meeting will be held in the auditorium. Everyone must be escorted to the auditorium on the second floor.

**8. NEXT MEETING DATE**

The next P&T Committee Meeting is scheduled for November 9, 2022 at the Medicaid Building in the auditorium.

**9. ADJOURN**

There being no further business, Dr. Nevels moved to adjourn and Dr. Carter seconded. The meeting adjourned at 1:55 p.m.

Appendix

RESULTS OF THE BALLOTING  
Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee  
August 10, 2022

- A. **Recommendation:** No brand short-acting inhaled 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.

At least one long-acting inhaled antimuscarinic is recommended for preferred status. Alabama Medicaid should work with manufacturers on cost proposals so that at least one brand long-acting antimuscarinic is selected as a preferred agent.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

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

Dr. Curd  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

Stephanie A.  Approve  Approve as amended  Disapprove  No action  
Commissioner

- B. **Recommendation:** No brand respiratory beta-adrenergic agonist is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine cost effective products and possibly designate one or more preferred brands.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

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


Dr. Curd  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

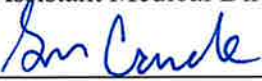
Stephanie A.  Approve  Approve as amended  Disapprove  No action  
Commissioner

- C. **Recommendation:** No brand leukotriene modifier 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

  Approve  Approve as amended  Disapprove  No action  
Assistant Medical Director

  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

  Approve  Approve as amended  Disapprove  No action  
Commissioner

- D. **Recommendation:** No brand inhaled mast-cell stabilizer 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

  Approve  Approve as amended  Disapprove  No action  
Assistant Medical Director

  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

  Approve  Approve as amended  Disapprove  No action  
Commissioner

- E. Recommendation:** Alabama Medicaid should work with manufacturers on cost proposals so that at least one single entity brand respiratory agents-corticosteroids is selected as a preferred agent.

No brand fixed-dose combination respiratory agents-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

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

*Don Curre*  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

*Stephanie A*  Approve  Approve as amended  Disapprove  No action  
Commissioner

- F. Recommendation:** No brand respiratory 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.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

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

*Don Curre*  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

*Stephanie A*  Approve  Approve as amended  Disapprove  No action  
Commissioner

**G. Recommendation:** No brand intranasal 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

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

Dr. Curll  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

Stephanie A.  Approve  Approve as amended  Disapprove  No action  
Commissioner

**H. Recommendation:** No brand eye, ear, nose, and throat (EENT) antiallergic agent is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

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

Dr. Curll  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

Stephanie A.  Approve  Approve as amended  Disapprove  No action  
Commissioner

- I. **Recommendation:** No brand eye, ear, nose, and throat (EENT) 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

*McRone, MD*  Approve  Approve as amended  Disapprove  No action  
Assistant Medical Director

*Don Curre*  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

*Stephanie A*  Approve  Approve as amended  Disapprove  No action  
Commissioner

- J. **Recommendation:** No brand eye, ear, nose, and throat (EENT) vasoconstrictor is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

*McRone, MD*  Approve  Approve as amended  Disapprove  No action  
Assistant Medical Director

*Don Curre*  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

*Stephanie A*  Approve  Approve as amended  Disapprove  No action  
Commissioner

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

**Amendment:** None

**Vote:** Unanimous to approve as recommended

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

Dr. Cook  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

Stephanie A.  Approve  Approve as amended  Disapprove  No action  
Commissioner

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

**Amendment:** None

**Vote:** Unanimous to approve as recommended

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

Dr. Cook  Approve  Approve as amended  Disapprove  No action  
Deputy Commissioner

Stephanie A.  Approve  Approve as amended  Disapprove  No action  
Commissioner



**M. Recommendation:** No brand growth hormone is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective product(s) and possibly designate one or more preferred brands.

**Amendment:** None

**Vote:** Unanimous to approve as recommended

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

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

[Signature]  Approve  Approve as amended  Disapprove  No action  
Commissioner

Respectfully submitted,

Rachel Bacon

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Rachel Bacon, PharmD, MPH

8/11/2022

Date