

Minutes of Meeting

Alabama Medicaid Agency Pharmacy and Therapeutics Committee

August 8, 2012

Members Present: Chair- Ms. LaTonge Porter, Dr. Julia Boothe, Dr. Lucy Culpepper, Dr. Gerard Ferris, Dr. Kelli Littlejohn, Mr. Ben Main, Dr. Melinda Rowe, Dr. Chivers Woodruff, and Dr. James Yates

Members Absent: Ms. Janet Allen

Patient Care Networks of Alabama (PCNA) Staff Present: None

Presenters: Dr. James Gagnon and Dr. Andrea Lewtas

Presenters Present via teleconference: None

1. OPENING REMARKS

Chairperson Porter called the Pharmacy and Therapeutics (P&T) Committee Meeting to order at 9:10 a.m.

2. APPROVAL OF MINUTES

Chairperson Porter asked if there were any corrections to the minutes from the May 9, 2012 P&T Committee Meeting.

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

3. PHARMACY PROGRAM UPDATE

Dr. Littlejohn introduced the University of Massachusetts Medical School Clinical Pharmacy Services as the Pharmacy Clinical Support Contractor.

Dr. Littlejohn oriented the Committee members to the Provider Alerts that are available on the Agency's website.

Dr. Littlejohn noted that the August 8, 2012 Committee Meeting was the first being held "paperless" and thanked the Committee members for their cooperation in the process. Dr. Littlejohn asked if the Committee members had concerns regarding the process and if there were

any objections to the clinical review packet being distributed on a CD for subsequent meetings. No concerns or objections were raised. Updated email addresses were requested from all Committee members.

Dr. Littlejohn reminded Committee members of the referendum on September 18, 2012 relating to a vote to use state funds for the budget shortfall. No questions were raised and there was no further discussion.

Dr. Littlejohn announced that this would be the last Committee Meeting for Dr. Culpepper and Dr. Yates. Both Dr. Culpepper and Dr. Yates were presented with certificates and thanked for their service to the state.

Dr. Littlejohn announced the dates for the P&T Committee Meetings in 2013. The meetings will be held on February 13th, May 15th, August 14th, and November 13th.

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 a total of four 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 9:30 a.m. There were a total of seven drug class re-reviews. The Alzheimer's Agents; Antidepressants; Cerebral Stimulants/Agents Used for ADHD; Anxiolytics, Sedatives, and Hypnotics-Barbiturates; Anxiolytics, Sedatives, and Hypnotics-Benzodiazepines; and Anxiolytics, Sedatives, and Hypnotics-Miscellaneous were all last reviewed in February 2010. The Genitourinary Smooth Muscle Relaxants were last reviewed in August 2010.

Alzheimer's Agents: Parasympathomimetic (Cholinergic) Agents, AHFS 120400; and Central Nervous System Agents, Miscellaneous, AHFS 289200

Manufacturer comments on behalf of these products:

None

Dr. Gagnon commented that there are four agents approved for the treatment of Alzheimer's disease, the three cholinesterase inhibitors and the NMDA receptor antagonist, memantine. All agents included in this review are listed in Table 1. Major availability changes since the last time this class was reviewed include the generic approval of Aricept[®] (donepezil) and Aricept ODT[®] (donepezil), approval of a branded Aricept[®] (donepezil) 23 mg tablet, and discontinuation of

Cognex[®] (tacrine). There have been no major changes in the prescribing information and treatment guidelines since this class was last reviewed.

Dr. Gagnon noted that recently published clinical trials evaluating the Alzheimer's agents in the treatment of Alzheimer's disease have not produced clinically different results compared to trials included in the previous therapeutic class review. Overall, evidence still supports that no one agent in the class is more efficacious than another.

Dr. Gagnon concluded that there is insufficient evidence to support that one brand Alzheimer's 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 Alzheimer's agents within the class reviewed are comparable to each other and to the generics and OTC products in the class and offer no significant clinical advantage over other alternatives in general use.

No brand Alzheimer's 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.

Dr. Ferris commented that most of the effects of these medications occur on tests such as the Mini Mental Exam, and their effects on lifestyle outcomes, such as activities of daily living and time to admission to a nursing home, are minimal. Dr. Ferris and Dr. Gagnon discussed the diagnosis of Alzheimer's disease. Dr. Ferris questioned the availability of data to support the long-term use of these agents. Dr. Gagnon responded that guidelines recognize the lack of guidance regarding how long these agents should be utilized in patients and that duration of treatment varies based on the individual patient. Dr. Yates inquired about the availability of transdermal formulations of rivastigmine for nursing home patients. Dr. Littlejohn reminded the Committee members of their charge and that unique and/or niche products can be available through the medical justification portion of the prior authorization process. There were no further discussions on the agents in this class. Chairperson Porter asked the P&T Committee members to mark their ballots.

Antidepressants: AHFS 681604

Manufacturer comments on behalf of these products:

Pristiq[®] - Pfizer

Dr. Lewtas commented that the products included in this review are primarily utilized for the treatment of a variety of mental disorders, including major depressive disorder. Agents included in this review encompass six different AHFS subclasses of antidepressants and are outlined in Table 1. There is at least one generic option available in each of the subclasses. Major changes in availability since the last review of this class include the generic approval of Nardil[®] (phenelzine) and the discontinuation of Limbitrol[®] (amitriptyline/chlordiazepoxide). In addition, three new antidepressant agents were approved: Oleptro[®] (trazodone) extended-release tablet, Viibryd[®] (vilazodone), and Silenor[®] (doxepin).

There have been no major changes in the prescribing information and treatment guidelines since this class was last reviewed. Updated guidelines from the American Psychiatric Association regarding the treatment of major depressive disorder still recommend the use of antidepressants as first line therapy. Subclasses of antidepressants are thought to be equally efficacious, and for most patients a selective serotonin reuptake inhibitor, serotonin norepinephrine reuptake inhibitor, mirtazapine, or bupropion are optimal as initial therapy.

Dr. Lewtas noted that recently published clinical trials evaluating the antidepressants have not produced clinically different results compared to trials included in the previous class review. With regards to the antidepressant agents approved since the last review of this class, data supporting the efficacy of Olepro[®] (trazodone) and Viibryd[®] (vilazodone) for the treatment of major depressive disorder are derived from limited placebo-controlled trials in which active treatment significantly improved depression rating scale scores compared to placebo. Data supporting the efficacy of Silenor[®] (doxepin) for the treatment of insomnia are derived from limited placebo-controlled trials in which active treatment significantly improved wake time after sleep onset and latency to persistent sleep compared to placebo.

Dr. Lewtas concluded that due to comparable efficacy among and within antidepressant subclasses, treatment decisions regarding the use these agents are typically based on anticipated adverse events, drug interactions, prior response to treatment and presence of comorbid conditions, if any. In general, the monoamine oxidase inhibitors have fallen out of favor compared to the other subclasses of antidepressants due to their unfavorable safety profile and associated drug interactions. These agents are typically reserved for patients not responding to other antidepressant therapies.

Therefore, all brand antidepressants within the class reviewed, with the exception of the monoamine oxidase inhibitors, are comparable to each other and to the generics and OTC products in the class and offer no significant clinical advantage over other alternatives in general use.

No brand antidepressant 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.

No brand monoamine oxidase inhibitor is recommended for preferred status, regardless of cost.

Dr. Boothe asked if duloxetine was also included in the therapeutic class reviews relating to the management of pain. Dr. Littlejohn explained that duloxetine is included in the antidepressant therapeutic class review because of the mandate to review agents by their AHFS classification. There were no further discussions on the agents in this class. Chairperson Porter asked the P&T Committee members to mark their ballots.

Cerebral Stimulants/Agents Used for ADHD: Central Alpha-Agonists, AHFS 240816; Amphetamines, AHFS 282004; Anorexigenic Agents and Respiratory and Cerebral Stimulants, Miscellaneous, AHFS 282092; and Central Nervous System Agents, Miscellaneous, AHFS 289200

Manufacturer comments on behalf of these products:

Intuniv[®] - Shire

Dr. Lewtas commented that the majority of agents included in this review are primarily utilized in the treatment of attention deficit hyperactivity disorder (ADHD), and some of the agents are primarily utilized in the treatment of sleeping disorders, including narcolepsy, obstructive sleep apnea, and shift work disorder. Agents included in this review are categorized by pharmacologic class and outlined in Table 1. Major changes in availability since the last review of this class include the generic approval of Concerta[®] (methylphenidate), Ritalin LA[®] (methylphenidate), and Provigil[®] (modafinil). In addition, Kapvay[®] (clonidine) and Intuniv[®] (guanfacine) are two new agents approved for the treatment of ADHD either as monotherapy or as adjunctive treatment to stimulants. Xyrem[®] (sodium oxybate) is a new agent approved for the treatment of excessive daytime sleepiness and cataplexy associated with narcolepsy. Xyrem[®] (sodium oxybate) is gamma-hydroxybutyric acid; therefore, is classified as a controlled substance. There are a wide variety of cerebral stimulants/agents used for ADHD currently available, and Table 2 categorizes the individual agents by duration of action. Pharmacokinetics frequently plays a role in treatment decisions, especially in the treatment of children with ADHD who attend school or other programs.

Two recently updated guidelines on the management of ADHD still recommend stimulants as the most effective medications for the treatment of most children with ADHD and response to one stimulant does not predict response to another. The need for other non-stimulant ADHD agents may be considered with the presence of certain comorbid conditions such as anxiety, tics, and substance abuse.

Xyrem[®] (sodium oxybate) is associated with a Black Box Warning regarding abuse potential and important central nervous system adverse events. Furthermore, the agent is only available through a restricted distribution program called the Xyrem[®] success program.

Dr. Lewtas noted that recently published clinical trials evaluating the antidepressants have not produced clinically different results compared to trials included in the previous class review. With regards to the new agents approved since the last review of this class, data supporting the efficacy of Kapvay[®] (clonidine) and Intuniv[®] (guanfacine) for the treatment of ADHD either as monotherapy or as adjunctive therapy to stimulants are derived from placebo-controlled trials in which active treatment significantly improved ADHD rating scale scores compared to placebo. Both of these agents have only been evaluated in children at least six years of age. Data supporting the efficacy of Xyrem[®] (sodium oxybate) for the treatment of narcolepsy are derived from placebo-controlled trials in which active treatment significantly reduces the frequency of inadvertent naps and cataplexy attacks, as well as improves sleep scale scores, maintenance of wakefulness test times, functional status and quality of life compared to placebo.

Dr. Lewtas concluded that guidelines recommend the use of Food and Drug Administration (FDA)-approved agents for initial pharmacologic management of ADHD and preference of one

agent over another is not stated. Stimulants are still recommended first line and response to one stimulant does not predict response to another. Overall, the presence of comorbid conditions, patient/family preference, storage or administration issues at school, history and/or presence of substance abuse, pharmacokinetics, and anticipated adverse events should all be considered when evaluating ADHD treatment options. Guidelines also recommend the use of FDA-approved agents for the treatment of sleep disorders. Of these agents included in the review, sodium oxybate is the only agent recognized as being an effective treatment for cataplexy associated with narcolepsy. There is currently a wide variety of cerebral stimulants/agents used for ADHD available, and most of these agents are available generically.

All brand cerebral stimulant/agents used for ADHD within the class reviewed are comparable to each other and to the generics and OTC products in the class and offer no significant clinical advantage over other alternatives in general use.

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

Mr. Main asked if there was new data available regarding the safety of the stimulant medications in the pediatric population with regards to growth and/or substance abuse. Dr. Lewtas responded that she was not aware of any new/updated clinically significant published data specifically related to those outcomes. There were no further discussions on the agents in this class. Chairperson Porter asked the P&T Committee members to mark their ballots.

Anxiolytics, Sedatives, and Hypnotics-Barbiturates: AHFS 282404

Manufacturer comments on behalf of these products:

None

Dr. Lewtas commented that the barbiturates are primarily utilized for the treatment of insomnia and induction of sedation. The agents included in this review are outlined in Table 1. Major changes in availability since the last review of this class include the discontinuation of Mebaral[®] (mephobarbital). Phenobarbital is now the only generic option within the class.

There have been no major changes in the prescribing information, clinical trials, and treatment guidelines since this class was last reviewed. Despite their extensive use in the past the use of barbiturates has largely been replaced by the use of benzodiazepines.

Dr. Lewtas concluded that there is insufficient evidence to support that one barbiturate is more efficacious than another. Formulations without a generic alternative should be managed via the medical justification portion of the prior authorization process.

All branded barbiturates within the class reviewed are comparable to each other and to the generics and OTC products in the class and offer no significant clinical advantage over other alternatives in general use.

No brand barbiturate 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 Porter asked the P&T Committee members to mark their ballots.

Anxiolytics, Sedatives, and Hypnotics-Benzodiazepines: AHFS 282408

Manufacturer comments on behalf of these products:

Onfi[®] - Lundbeck

Dr. Lewtas commented that benzodiazepines are primarily utilized for the treatment of anxiety disorders and insomnia. The agents included in this review are outlined in Table 1. Major changes in availability since the last review of this class include the availability of an alprazolam oral concentrate and the discontinuation of branded Librium[®] (chlordiazepoxide) and Lorazepam Intensol[®] (lorazepam). In addition, Onfi[®] (clobazam) is a new agent approved for adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients at least two years of age. The majority of the agents in the benzodiazepine class are available generically.

There have been no major changes in the prescribing information, clinical trials, and treatment guidelines since this class was last reviewed. American Academy of Neurology/American Epilepsy Society guidelines recognize the anticonvulsants topiramate, lamotrigine, and valproic acid as potential treatment options for the management of LGS.

Dr. Lewtas noted that recently published clinical trials evaluating the antidepressants have not produced clinically different results compared to trials included in the previous therapeutic class review. With regards to the new agent Onfi[®] (clobazam), approval was based on the results of a placebo-controlled trial of 15 weeks duration in which active treatment significantly reduced the average weekly rate of drop-seizures compared to placebo.

Dr. Lewtas concluded that while the benzodiazepines are primarily utilized to treat anxiety disorders and insomnia, some of the agents in the class are also utilized in the management of seizures disorders, including Onfi[®] (clobazam) and diazepam. Within this class, diazepam is available as a rectal gel formulation which is approved for the management of selected refractory patients with epilepsy who require intermittent use of diazepam to control bouts of increased seizure activity. This product provides a beneficial route of administration compared to other agents in the class. In addition, Onfi[®] (clobazam) has demonstrated efficacy in the treatment of LGS as measured by a significant reduction in the average weekly rate of drop-seizures compared to placebo.

All branded benzodiazepines within the class reviewed, with the exception of diazepam rectal gel and Onfi[®] (clobazam), are comparable and do not offer a significant clinical advantage over other alternatives in general use.

No brand benzodiazepine is recommended for preferred status. In addition, in accordance with OBRA 90, Alabama Medicaid should consider not covering brand benzodiazepines, with the

exception of diazepam rectal gel (Diastat[®], Diastat[®] AcuDial[™]) and Onfi[®] (clobazam). Alabama Medicaid should consider covering all generic benzodiazepines.

In accordance with OBRA 90, Alabama Medicaid does not cover several brand and generic benzodiazepines; however, due to new provisions of the new health care reform laws, benzodiazepines can no longer be excluded by Medicaid Programs starting in the year 2014. At that time, Alabama Medicaid will cover all benzodiazepines, with the branded options at nonpreferred status unless otherwise determined.

Dr. Ferris commented that with regards to the hypnotic medications, current clinical trials do not extensively evaluate the effects of these agents on sleep architecture. Dr. Littlejohn clarified the recommendations for the benzodiazepines with the committee members. There were no further discussions on the agents in this class. Chairperson Porter asked the P&T Committee members to mark their ballots.

Anxiolytics, Sedatives, and Hypnotics-Miscellaneous: AHFS 282492

Manufacturer comments on behalf of these products:

None

Dr. Lewtas commented that the agents in the class are primarily utilized for the treatment of anxiety and insomnia. The agents included in this review are outlined in Table 1. Major changes in availability since the last review of this class include the discontinuation of branded Buspar[®] (buspirone) and Inapsine[®] (droperidol), as well as the chloral hydrate rectal suppository. In addition, a generic formulation of Ambien CR[®] (zolpidem) is now available and Zolpimist[®] (zolpidem) is a new agent approved for the treatment of insomnia. Zolpimist[®] (zolpidem) is available as an oral spray and is to be administered once immediately before bedtime. There are several generic options available within this class.

There have been no major changes in the prescribing information, treatment guidelines, and clinical trials since this class was last reviewed.

Dr. Lewtas concluded that all branded anxiolytics, sedatives, and hypnotics miscellaneous agents within the class reviewed are comparable to each other and to the generics and OTC products in the class and offer no significant clinical advantage over other alternatives in general use.

No brand anxiolytic, sedative, and hypnotic miscellaneous 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 Porter asked the P&T Committee members to mark their ballots.

Genitourinary Smooth Muscle Relaxants: AHFS 861200

Manufacturer comments on behalf of these products:

Toviaz[®] - Pfizer

Dr. Lewtas commented that the genitourinary smooth muscle relaxants are primarily antimuscarinic agents utilized in the treatment of urinary incontinence and overactive bladder. The agents included in the review are outlined in Table 1. There have been no major changes in availability since the last review of this class and generic options are currently available.

There have been no major changes in the prescribing information and clinical trials since this class was last reviewed. Updated treatment guidelines still recognize antimuscarinics as the mainstay of treatment for urinary incontinence and overactive bladder. In addition, they state that there is no consistent evidence to support that one antimuscarinic agent is more efficacious than another.

Dr. Lewtas concluded that there is insufficient evidence to support that one genitourinary smooth muscle relaxant is more efficacious than another. Formulations without a generic alternative should be managed via the medical justification portion of the prior authorization process.

Therefore, all branded genitourinary smooth muscle relaxants within the class reviewed are comparable to each other and to the generics and OTC products in the class and offer no significant clinical advantage over other alternatives in general use.

No brand 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.

Dr. Yates inquired about the availability of transdermal formulations of antimuscarinic agents for nursing home patients. Dr. Littlejohn reminded the Committee of their charge and that unique and/or niche population products can be available through the medical justification portion of the prior authorization process. There were no further discussions on the agents in this class. Chairperson Porter asked the P&T Committee members to mark their ballots.

6. NEW DRUG PHARMACOTHERAPY REVIEWS (Please refer to the website for full text reviews.)

The new drug pharmacotherapy reviews began at approximately 10:15 a.m. There was a total of one new drug review. The Dipeptidyl Peptidase-4 (DDP-4) Inhibitors were last reviewed in May 2010.

Tradjenta® (linagliptin), DDP-4 Inhibitors: AHFS 682005

Manufacturer comments on behalf of these products:

None

Dr. Gagnon commented that linagliptin is a DDP-4 inhibitor approved in May 2011 as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. Linagliptin is not currently available in a generic formulation.

According to the American Diabetes Association/European Association of the Study of Diabetes treatment algorithm, metformin is recommended as first line therapy. If metformin cannot be used, another oral agent could be chosen, such as a sulfonylurea/glinide, thiazolidinedione (TZD), or a DDP-4 inhibitor. If monotherapy does not achieve glycosylated hemoglobin goals, a second agent should be combined with metformin. Uniform recommendations on the best agent to be combined with metformin cannot be made due to a lack of data. Advantages and disadvantages of specific drugs for each patient should be considered. According to the American Association of Clinical Endocrinologists/American College of Endocrinology algorithm for glycemic control, recommends for patients with glycosylated hemoglobin levels of 6.5 to 7.5% that metformin, TZDs, DPP-4 inhibitors, and alpha-glucosidase inhibitors are all appropriate for monotherapy. Metformin is the cornerstone of monotherapy because of its safety and efficacy. Concerning dual therapy, the second component typically added to metformin includes, in the order of preference, incretin mimetics, DPP-4 inhibitors, or an insulin secretagogue. Incretin mimetics are given a higher priority than DDP-4 inhibitors due to their greater effect on reducing postprandial glucose and potential for weight loss. Other guidelines do not address the role of the DPP-4 inhibitors, or recommend them as a second or third line treatment option. In general, the available treatment guidelines do not give preference to one DPP-4 inhibitor over another.

Linagliptin has been evaluated in several clinical trials as monotherapy as well as in combination with metformin, sulfonylureas, and pioglitazone. It has not been studied in combination with insulin. On average, linagliptin monotherapy decreased mean glycosylated hemoglobin by 0.4 to 0.5%. When used in combination or triple therapy, linagliptin regimens resulted in a mean glycosylated hemoglobin decrease of 0.4 to 1.6%. Overall, the agent has demonstrated safety and efficacy compared to placebo; however, no trials were identified that directly compare linagliptin to other DDP-4 inhibitors.

There is insufficient to conclude that linagliptin offers a significant clinical advantage over other alternatives in general use. It should be available as adjunctive therapy through the medical justification portion of the prior authorization process.

No brand linagliptin 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 Porter asked the P&T Committee members to mark their ballots.

7. RESULTS OF VOTING ANNOUNCED

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

8. NEW BUSINESS

Chairperson Porter thanked the P&T Committee members for the opportunity to serve as the P&T Committee Chair. Dr. Culpepper also thanked the P&T Committee members for the opportunity to serve as a P&T Committee member over the past few years. Dr. Littlejohn asked the P&T Committee members to vote for a new Chair and Vice Chair. The results of the vote will be distributed at a later date. UPDATE: Dr. Gerard Ferris was voted the new Chairperson and Janet Allen the Vice Chairperson.

Dr. Boothe inquired if there was a list of all Medicaid providers available. Dr. Littlejohn was not aware of a current list.

9. NEXT MEETING DATE

The next P&T Committee Meeting is scheduled for November 14, 2012 at the Medicaid Building in the Commissioner's Board Room.

10. ADJOURN

There being no further business, Dr. Woodruff moved to adjourn and Dr. Culpepper seconded. The meeting adjourned at 10:30 a.m.

Appendix

**RESULTS OF THE BALLOTING
Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
August 8, 2012**

A. Recommendation: No brand Alzheimer's 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

Melinda D. Prewitt Approve Approve as amended Disapprove No action
Assistant Medical Director

Kathy Hull Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie Approve Approve as amended Disapprove No action
Acting Commissioner

B. Recommendation: No brand antidepressant 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.

No brand monoamine oxidase inhibitor is recommended for preferred status, regardless of cost.

Amendment: None

Vote: Unanimous to approve as recommended

Melinda A. Nguyen Approve Approve as amended Disapprove No action
Assistant Medical Director

Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie B... Approve Approve as amended Disapprove No action
Acting Commissioner

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

Amendment: None

Vote: Unanimous to approve as recommended

Melinda A. Nguyen Approve Approve as amended Disapprove No action
Assistant Medical Director

Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie B... Approve Approve as amended Disapprove No action
Acting Commissioner

D. Recommendation: No brand barbiturate 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

Melinda A. Pung Approve Approve as amended Disapprove No action
Assistant Medical Director

Yolby Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie B. Approve Approve as amended Disapprove No action
Acting Commissioner

E. Recommendation: No brand benzodiazepine is recommended for preferred status. Alabama Medicaid should consider not covering brand benzodiazepines, with the exception of diazepam rectal gel (Diastat[®], Diastat[®] AcuDial[™]) and Onfi[®] (clobazam). Alabama Medicaid should consider covering all generic benzodiazepines.

Amendment: None

Vote: Unanimous to approve as recommended

Melinda A. Pung Approve Approve as amended Disapprove No action
Assistant Medical Director

Yolby Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie B. Approve Approve as amended Disapprove No action
Acting Commissioner

F. Recommendation: No brand anxiolytics, sedatives, and hypnotics miscellaneous 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

Melinda S. Thomas Approve Approve as amended Disapprove No action
Assistant Medical Director

Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

Stephanie Approve Approve as amended Disapprove No action
Acting Commissioner

G. Recommendation: No brand 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.

Amendment: None

Vote: Unanimous to approve as recommended

Melinda S. Thomas Approve Approve as amended Disapprove No action
Assistant Medical Director

Kathy Hall Approve Approve as amended Disapprove No action
Deputy Commissioner

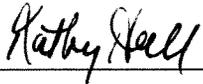
Stephanie Approve Approve as amended Disapprove No action
Acting Commissioner

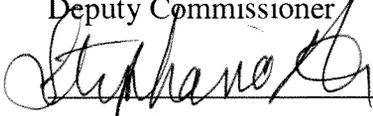
H. Recommendation: No brand linagliptin product is recommended for preferred status. Alabama Medicaid should accept cost proposals from manufacturers to determine the most cost effective products and possibly designate one or more preferred brands.

Amendment: None

Vote: Unanimous to approve as recommended

 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
Acting Commissioner

Respectfully submitted,



August 20, 2012

James Gagnon, Pharm.D., BCPS

Date