



MISSISSIPPI DIVISION OF
MEDICAID

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Pharmacy & Therapeutics Committee Meeting
October 22, 2024
10:00am to 2:00pm
Table 100, Flowood, MS
Live-streamed
MINUTES

Committee Members Present:

Pat Chaney, MD
Brad Gilchrist, PharmD
Karen Maltby, MD
Deborah Minor, PharmD, Co-Chair
Kim Rodgers, RPh
Louise Turman, PharmD
Wilma Wilbanks, RPh, Chair

Other Contract Staff Present:

Tricia Banks, PharmD, Gainwell
Jenni Grantham, PharmD, Magnolia
Heather Odem, PharmD, UHC
Richard Ogletree, PharmD, Telligen
Lew Anne Snow, RN Gainwell

Committee Members Not Present:

Clyde E. Glenn, MD
D. Stanley Hartness, MD
Spencer Sullivan, MD
Geri Lee Weiland, MD
S. Caleb Williamson, PharmD

Division of Medicaid Staff Present:

Terri Kirby, BSPHarm, RPh, CPM
Dennis R. Smith, BSPHarm, RPh

MedImpact Staff Present:

Greg Barabell, MD, CPC, FAAP
Lynn Boudreaux, PharmD
Matthew Lennertz, PharmD, MS, MBA

Attendance Chart:

Committee Member	Feb 2022	May 2023	Aug 2023	Oct 2023	Feb 2024	May 2024	Aug 2024	Oct 2024
Chaney	-	-	-	-	-	-		X
Gilchrist	X	X	X	X	X		X	X
Glenn		X		X		X	X	
Hartness	X		X	X	X	X	X	
Maltby		X	X	X		X	X	X
Minor	X	X	X	X	X	X	X	X
Rodgers		X	X	X			X	X
Sullivan	X	X	X	X	X		X	
Turman		X	X	X	X	X	X	X
Weiland		X		X		X	X	
Wilbanks	X	X	X	X	X	X	X	X
Williamson			X		X			

I. Call to Order

Ms. Wilbanks, chair, called the meeting to order at 10:15 a.m.

II. Welcome and Introductions

Mrs. Kirby, Mississippi Division of Medicaid (DOM) Pharmacy Director, welcomed the Pharmacy & Therapeutics (P&T) Committee.

Mrs. Kirby introduced herself and had all parties seated at the table introduce themselves and provide a brief statement about their professional credentials and affiliations.

Mrs. Kirby had DOM vendors in the audience introduce themselves including: Lew Anne Snow from Gainwell; Dr. Tricia Banks from Gainwell; Dr. Buddy Ogletree from Telligen; Dr. Heather Odem from UHC; Dr. Jenni Grantham from Magnolia; and Dr. Trina Stewart from Molina.

Mrs. Kirby thanked the members for their service on the committee. She then stated that the population of Mississippi is nearly 3 million people and the decisions made by the committee impact the Medicaid beneficiaries, providers, and all taxpayers. At the end of September 2024, the total beneficiary count was about 710,575 or roughly one in four people residing in Mississippi.

III. Administrative Matters

Mrs. Kirby reminded all guests in the room to sign in prior to leaving if they had not yet and reviewed policies related to food, drink, cell phones, and laptop usage. She reminded the members that the travel vouchers at their seats should be completed and left at the seat after the meeting. She stated that there is wireless internet available in the room and provided the password.

Mrs. Kirby reminded members that the Cost sheets in the red binder are highly confidential per CMS by US Code 1396. She explained to the members what constitutes a true conflict of interest and noted that if one exists for a member for a particular drug or topic, that member is not allowed to participate in committee discussions regarding that drug or participate in any voting involving that particular drug. She also reminded members they must be aware of any perceived conflicts of interest.

Mrs. Kirby stated that the P&T Committee works in an advisory capacity and that DOM is responsible for final decisions related to the PDL. She further elaborated that the decision of the committee regarding any limitations imposed on any drug or its use for a specified indication shall be based on sound clinical evidence found in labeling, drug compendia, and peer reviewed clinical literature. Mrs. Kirby stated that the P&T Committee must conform to the Public Meetings Act.

Mrs. Kirby stated that DOM aggressively pursues supplemental rebates. She also stated that Mississippi is part of the Sovereign States Drug Consortium (SSDC) pool, which is comprised of 15 state Medicaid programs representing a total of approximately 15.5 million lives and a total drug spend of over \$20 billion. These 15 states' pooled lives result in better supplemental rebate offers and more savings to Mississippi. She stated that Change Healthcare is the vendor for the SSDC and that MedImpact is the PDL vendor for the state of Mississippi.

Mrs. Kirby reminded guests of the P&T Committee timeline and procedures. She stated that, 30 days prior to each meeting, online registration is opened on the website for industry and advocacy groups to register to attend the upcoming P&T meeting. She stated that approximately 2-3 weeks prior to the meeting, Committee members receive Therapeutic Class Reviews (TCR's) electronically from MedImpact. Mrs. Kirby noted that prior to the class reviews in today's meeting, there will be a public comment period. She explained that during this time, advocacy groups will have 3 minutes per group to speak and pharmaceutical industry designees will have 3 minutes per drug to speak.

Mrs. Kirby reviewed the voting procedures and reminded the Committee that, in accordance with the Mississippi Open Meetings Act, the minutes reflect each person's vote. She requested that the Chair announce the recommendation, motions, and the names of Committee members making motion, and that the motions will be by hand or voice. She stated that the final decision regarding the preferred/non-preferred status of any drug will go to the Medicaid Executive Director, Cindy Bradshaw. She announced that the meeting minutes from this meeting will be posted to the DOM website (www.medicaid.ms.gov) no later than Thursday, November 21, 2024. She also stated that implementation for PDL changes discussed today would take effect Wednesday, January 1, 2025. Mrs. Kirby stated that the PDL decisions will be posted on the DOM website 30 days prior to the go-live date and no later than Monday, December 2, 2024.

IV. Approval of the August 13, 2024, Meeting Minutes and Decisions
 Mrs. Wilbanks asked for additions or corrections to the minutes from the August 13, 2024, meeting. There were no additions or corrections. Minutes were approved as distributed.

V. Preferred Drug List (PDL) Compliance/Generic Percent Report Updates

Dr. Lennertz explained that the Preferred Drug List (PDL) Compliance/Generic Percent Report had a compliance of 97.53% rate, which was high and comparable to previous meetings.

VI. Comprehensive Review of Classes- First Round Extractions- Approved via Mass Vote:

The approved category details are provided in the tables below with the changes highlighted in yellow.

1. ACNE AGENTS- ISOTRETINOIN

MedImpact recommended that isotretinoin be placed Non-Preferred on the PDL.

ACNE AGENTS ISOTRETINOIN	
Preferred	Non-Preferred
ACCUTANE (isotretinoin) AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) MYORISAN (isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin) ABSORICA LD (isotretinoin) isotretinoin

2. ANALGESICS, OPIOID- LONG ACTING:

MedImpact recommended that Xtampza be placed Preferred on the PDL.

ANALGESICS, OPIOID LONG-ACTING	
Preferred	Non-Preferred
BUTRANS (buprenorphine) fentanyl patches morphine ER tablets XTAMPZA (oxycodone myristate)	BELBUCA (buprenorphine) buprenorphine patch CONZIP ER (tramadol) hydromorphone ER HYSINGLA ER (hydrocodone) methadone morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER tramadol ER

3. ANDROGENIC AGENTS

MedImpact recommended that testosterone pump and testosterone gel pump be placed Preferred on the PDL.

ANDROGENIC AGENTS	
Preferred	Non-Preferred
ANDRODERM (testosterone patch) testosterone gel packet testosterone gel pump testosterone pump	ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) JATENZO (testosterone undecanoate) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel) TLANDO (testosterone) UNDECATREX (testosterone undecanoate) ^{NR} VOGELXO (testosterone) XYOSTED (testosterone enanthate)

4. ANTIBIOTICS (GI) & RELATED AGENTS

MedImpact recommended that Firvanq be placed Non-Preferred on the PDL and vancomycin solution be placed as Preferred on the PDL.

ANTIBIOTICS (GI) & RELATED AGENTS	
Preferred	Non-Preferred
metronidazole tablets neomycin tinidazole vancomycin solution (generic FIRVANQ)	AEMCOLO (rifaximin) DIFICID (fidaxomicin) FIRVANQ (vancomycin) FLAGYL (metronidazole) FLAGYL ER (metronidazole) LIKMEZ (metronidazole) metronidazole capsules paromomycin REBYOTA (fecal microbiota) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin VOWST (fecal microbiota) XIFAXAN (rifaximin)

5. ANTIBIOTICS MISCELLANEOUS

MedImpact recommended that nitrofurantoin suspension be placed Non-Preferred on the PDL.

ANTIBIOTICS MISCELLANEOUS	
Preferred	Non-Preferred
nitrofurantoin capsule nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin) nitrofurantoin suspension

6. ANTIBIOTICS (VAGINAL)

MedImpact recommended that Clindesse be placed as Non-Preferred and that Cleocin and Nuvezza be placed as Preferred on the PDL.

ANTIBIOTICS (VAGINAL)	
Preferred	Non-Preferred
CLEOCIN CREAM (clindamycin) CLEOCIN OVULES (clindamycin) metronidazole vaginal NUVESSA (metronidazole)	AVC (sulfanilamide) clindamycin cream CLINDESSE (clindamycin) METROGEL (metronidazole) SOLOSEC (secnidazole) VANDAZOLE (metronidazole) XACIATO GEL (clindamycin)

7. ANTICONVULSANTS

MedImpact recommended that oxcarbazepine suspension be placed as Non-Preferred and that Brand Trileptal suspension be placed as Preferred on the PDL.

ANTICONVULSANTS ADJUVANTS	
Preferred	Non-Preferred
carbamazepine carbamazepine suspension carbamazepine ER (generic Carbatrol) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex)

<div data-bbox="349 121 803 577"> <p>divalproex sprinkle EPIDIOLEX (cannabidiol) EPITOL (carbamazepine) gabapentin lacosamide lamotrigine levetiracetam levetiracetam ER oxcarbazepine tiagabine topiramate tablet topiramate sprinkle capsule TRILEPTAL Suspension (oxcarbazepine) valproic acid zonisamide</p> </div>	<div data-bbox="828 121 1412 1501"> <p>DIACOMIT (stiripentol) ELEPSIA XR (levetiracetam) EPRONTIA (topiramate solution) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) FYCOMPA (perampanel) GABITRIL (tiagabine) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT MOTPOLY XR (lacosamide) NEURONTIN (gabapentin) oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) QUDEXY XR (topiramate) ROWEEPPRA (levetiracetam) rufinamide SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin VIGAFYDE (vigabatrin) VIGPODER ORAL SOLUTION (vigabatrin) VIMPAT (lacosamide) XCOPRI (cenobamate) ZONISADE (zonisamide suspension) ZTALMY (ganaxolone)</p> </div>
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8. ANTIDEPRESSANTS

MedImpact recommended that Brand Viibryd, citalopram capsules, and sertraline capsules, be placed as Non-Preferred and the generic vilazodone be placed as Preferred on the PDL.

ANTIDEPRESSANTS OTHER	
Preferred	Non-Preferred
bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules vilazodone	APLENZIN (bupropion HBr) AUVELITY (dextromethorphan/bupropion) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) DRIZALMA SPRINKLE (duloxetine DR) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets VIIBRYD (vilazodone) ZURZUVAE (zuranolone)
ANTIDEPRESSANTS SSRI	
Preferred	Non-Preferred
citalopram tablet escitalopram fluoxetine capsules fluvoxamine paroxetine CR paroxetine IR sertraline tablet	CELEXA (citalopram) citalopram capsule fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) sertraline capsule ZOLOFT (sertraline)

9. ANTIEMETICS-ANTIEMETIC COMBINATIONS

MedImpact recommended that Diclegis be placed as Preferred on the PDL.

ANTIEMETIC ANTIEMETIC COMBINATIONS	
Preferred	Non-Preferred
DICLEGIS (doxylamine/pyridoxine)	AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) doxylamine/pyridoxine

10. ANTIFUNGALS- TOPICAL

MedImpact recommended that clotrimazole solution (NDC 50228-0502-61), Micotrin AC cream, Mycozyl cream, and Mycozyl powder be placed as Non-Preferred and econazole and ketoconazole cream be placed as Preferred on the PDL.

ANTIFUNGALS TOPICAL	
Preferred	Non-Preferred
ciclopirox cream/gel/solution/suspension clotrimazole cream/solution ^{Rx & OTC} econazole ketoconazole cream ketoconazole shampoo LUZU (luliconazole) miconazole cream/powder ^{OTC} nystatin terbinafine cream/spray ^{OTC} tolnaftate cream/powder/spray ^{OTC}	BENSAL HP (benzoic acid/salicylic acid) butenafine CICLODAN KIT (ciclopirox kit) ciclopirox kit/shampoo clotrimazole solution (NDC 50228-0502-61) CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) luliconazole MENTAX (butenafine) MICOTRIN AC MYCOZYL naftifine NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)

11. ANTIMIGRAINE AGENTS- ACUTE TREATMENT

MedImpact recommended that Ubrelvy be placed as Preferred on the PDL.

ANTIMIGRAINE AGENTS, ACUTE TREATMENT CGRP ORAL AND NASAL	
Preferred	Non-Preferred
NURTEC ODT (rimegepant) UBRELVY (ubrogepant)	ZAVZPRET (zavegepant)

12. ANTIPARASITICS (TOPICAL)

MedImpact recommended that Vanalice be placed as Preferred on the PDL.

ANTIPARASITICS (TOPICAL) PEDICULICIDES	
Preferred	Non-Preferred
permethrin 1% ^{OTC} NATROBA (spinosad) VANALICE (piperonyl butoxide/pyrethrins)	lindane malathion OVIDE (malathion) SKLICE (ivermectin) spinosad

13. ANTIPARKINSON'S AGENTS (ORAL)

MedImpact recommended that pramipexole be placed as Preferred on the PDL.

ANTIPARKINSON'S AGENTS (ORAL) DOPAMINE AGONISTS	
Preferred	Non-Preferred
ropinirole pramipexole	KYNMOBI FILM (apomorphine) MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole ER EQUIP (ropinirole) EQUIP XL (ropinirole) ropinirole ER

14. ANTIVIRALS (ORAL)

MedImpact recommended that famciclovir be placed as Preferred on the PDL.

ANTIVIRALS (ORAL) ANTI-HERPETIC AGENTS	
Preferred	Non-Preferred
acyclovir famciclovir valacyclovir	FAMVIR (famciclovir) SITAVIG (acyclovir) VALTRES (valacyclovir) ZOVIRAX (acyclovir)

15. BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS

MedImpact recommended that Hemangeol be placed as Preferred on the PDL.

BETA BLOCKERS ANTIANGINALS & SINUS NODE AGENTS	
Preferred	Non-Preferred
acebutolol atenolol bisoprolol HEMANGEOL (propranolol) metoprolol metoprolol ER nadolol nebivolol pindolol propranolol	AZSRUZYO SPRINKLES (ranolazine) BETAPACE (sotalol) betaxolol BYSTOLIC (nebivolol) CORGARD (nadolol) INDERAL LA (propranolol) INDERAL XL (propranolol) INNOPRAN XL (propranolol)

propranolol ER sotalol	KAPSPARGO SPRINKLES (metoprolol) KERLONE (betaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)
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16. BONE RESORPTION SUPPRESSION AND RELATED AGENTS

MedImpact recommended that Forteo and raloxifene be placed as Preferred on the PDL.

BONE RESORPTION SUPPRESSION AND RELATED AGENTS OTHERS	
Preferred	Non-Preferred
FORTEO (teriparatide) raloxifene	calcitonin salmon EVENTITY (romosozumab-aqqg) EVISTA (raloxifene) MIACALCIN (calcitonin) PROLIA (denosumab) TYMLOS (abaloparatide) XGEVA (denosumab)

17. BPH AGENTS

MedImpact recommended that dutasteride be placed as Preferred on the PDL.

BPH AGENTS 5-ALPHA-REDUCTASE (5AR) INHIBITORS	
Preferred	Non-Preferred
dutasteride finasteride	ENTADFI (finasteride/tadalafil) PROSCAR (finasteride)

18. BRONCHODILATORS, BETA AGONIST

MedImpact recommended that Albuterol ER be placed as Non-Preferred on the PDL.

BRONCHODILATORS, BETA AGONIST ORAL	
Preferred	Non-Preferred
albuterol IR metaproterenol terbutaline	albuterol ER VOSPIRE ER (albuterol)

19. CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)

MedImpact recommended that amoxicillin/clavulanate ER tablet Non-Preferred and cefixime capsules be placed as Preferred on the PDL.

CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL) CEPHALOSPORINS – Third Generation	
Preferred	Non-Preferred
cefdinir suspension cefdinir capsules cefixime capsules cefpodoxime	CEDAX (ceftibuten) Cefditoren cefixime suspension ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)
CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL) BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS	
Preferred	Non-Preferred
amoxicillin/clavulanate	amoxicillin/clavulanate XR AUGMENTIN 125 and 250 Suspension (amoxicillin/clavulanate) AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)

20. CYSTIC FIBROSIS AGENTS

MedImpact recommended that Pulmozyme be placed as Preferred on the PDL.

CYSTIC FIBROSIS AGENTS	
Preferred	Non-Preferred
PULMOZYME (dornase alfa) tobramycin (generic TOBI)	BETHKIS (tobramycin) BRONCHITOL (mannitol) CAYSTON (aztreonam) colistimethate COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) KITABIS (tobramycin) ORKAMBI (lumacaftor/ivacaftor) SYMDEKO (tezacaftor/ivacaftor) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin (generic Bethkis) tobramycin (generic Kitabis) TRIKAFTA (elexacaftor/tezacaftor/ivacaftor)

21. GENITAL WARTS & ACTINIC KERATOSIS AGENTS

MedImpact recommended that fluorouracil cream be placed as Preferred on the PDL.

GENITAL WARTS & ACTINIC KERATOSIS AGENTS	
Preferred	Non-Preferred
CONDYLOX (podofilox) fluorouracil imiquimod podofilox	ALDARA (imiquimod) CARAC (fluorouracil) diclofenac 3% gel

	EFUDEX (fluorouracil) PICATO (ingenol) SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) ZYCLARA (imiquimod)
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22. GI ULCER THERAPIES

MedImpact recommended that generic sucralfate suspension and cimetidine solution be placed as Non-Preferred and Brand Carafate suspension be placed as preferred on the PDL.

GI ULCER THERAPIES OTHER	
Preferred	Non-Preferred
CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) DARTISLA ODT (glycopyrrolate) sucralfate suspension VOQUEZNA (vonoprazan)
GI ULCER THERAPIES H2 ANTAGONISTS	
Preferred	Non-Preferred
famotidine solution famotidine tablets nizatidine solution	AXID (nizatidine) cimetidine solution cimetidine tablets nizatidine tablets PEPCID (famotidine)

23. IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS

MedImpact recommended that Brand Amitiza be placed as Non-Preferred and generic lubiprostone, Trulance, and Linzess 72mcg be placed as Preferred on the PDL.

IBS/SBS/SELECTED GI AGENTS IRRITABLE BOWEL SYNDROME CONSTIPATION	
Preferred	Non-Preferred
LINZESS 72mcg (linaclotide) LINZESS 145mcg, 290mcg (linaclotide) lubiprostone TRULANCE (plecanatide)	AMITIZA (lubiprostone) IBSRELA (tenapanor) linaclotide MOTEGRITY (prucalopride) MOVANTIK (naloxegol) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) ZELNORM (tegaserod)

24. LIPOTROPICS, OTHER (NON-STATINS)

MedImpact recommended that colestipol granules, colestipol packet, fenofibrate (micronized), and fenofibric acid capsule be placed as Preferred and Praluent be placed as Non-Preferred on the PDL.

LIPOTROPICS, OTHER (NON-STATINS) BILE ACID SEQUESTRANTS	
Preferred	Non-Preferred
cholestyramine colestipol tablet colestipol granule colestipol packet	colesevelam COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)
LIPOTROPICS, OTHER (NON-STATINS) FIBRIC ACID DERIVATIVES	
Preferred	Non-Preferred
fenofibrate, micronized fenofibrate nanocrystallized fenofibric acid gemfibrozil	ANTARA (fenofibrate, micronized) FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)
LIPOTROPICS, OTHER (NON-STATINS) PCSK-9 INHIBITORS	
Preferred	Non-Preferred
REPATHA (evolocumab)	LEQVIO (inclisiran) PRALUENT (alirocumab)

25. OPHTHALMIC, DRY EYE AGENTS

MedImpact recommended that Xiidra be placed as Preferred on the PDL.

OPHTHALMIC, DRY EYE AGENTS	
Preferred	Non-Preferred
RESTASIS droperette (cyclosporine) XIIDRA (lifitegrast)	CEQUA (cyclosporine 0.09%) EYSUVIS (loteprednol etabonate) MIEBO (perfluorohexyloctane) RESTASIS Multidose (cyclosporine) TYRVAYA (varaenicine) Nasal VEYVE (cyclosporine ophthalmic solution)

26. OPHTHALMIC, GLAUCOMA AGENTS

MedImpact recommended that brimonidine/timolol drops and dorzolamide/timolol droperette be placed as Non-Preferred on the PDL.

OPHTHALMIC, GLAUCOMA AGENTS COMBINATION AGENTS	
Preferred	Non-Preferred
COMBIGAN (brimonidine/timolol) dorzolamide/timolol drops SIMBRINZA (brinzolamide/brimonidine)	brimonidine/timolol COSOPT (dorzolamide/timolol) COSOPT PF (dorzolamide/timolol) dorzolamide/timolol droperette

27. OTIC ANTIBIOTICS

MedImpact recommended that fluocinolone oil be placed as Preferred on the PDL.

OTIC ANTIBIOTICS	
Preferred	Non-Preferred
CIPRO HC (ciprofloxacin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) fluocinolone oil neomycin/polymyxin/hydrocortisone ofloxacin	ciprofloxacin ciprofloxacin/dexamethasone ciprofloxacin/fluocinolone DERMOTIC (fluocinolone) FLAC OIL DROP (fluocinolone oil) hydrocortisone/acetic acid drop OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)

28. PARATHYROID AGENTS

MedImpact recommended that Rocaltrol be placed as Non- Preferred and cinacalcet be placed as Preferred on the PDL.

PARATHYROID AGENTS	
Preferred	Non-Preferred
calcitriol cinacalcet ergocalciferol paricalcitol ZEMPLAR (paricalcitol)	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) ROCALTROL (calcitriol) SENSIPAR (cinacalcet) YORVIPATH (palopegteriparatide) ^{NR}

29. POTASSIUM REMOVING AGENTS

MedImpact recommended that SPS suspension be placed as Preferred on the PDL.

POTASSIUM REMOVING AGENTS	
Preferred	Non-Preferred
LOKELMA (sodium zirconium cyclosilicate) SPS SUSPENSION (sodium polystyrene sulfonate)	sodium polystyrene sulfonate SPS ENEMA (sodium polystyrene sulfonate) VELTASSA (patiomer calcium sorbitex)

30. SEDATIVE HYPNOTICS

MedImpact recommended that flurazepam and zolpidem capsule be placed as Non-Preferred and eszopiclone and ramelteon be placed as Preferred on the PDL.

SEDATIVE HYPNOTICS BENZODIAZEPINES	
Preferred	Non-Preferred
estazolam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam)

	flurazepam HALCION (triazolam) quazepam RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam
SEDATIVE HYPNOTICS OTHERS	
Preferred	Non-Preferred
eszopiclone ramelteon zaleplon zolpidem tablet	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (suvorexant) DAYVIGO (lemborexant) doxepin 3mg, 6mg EDLUAR (zolpidem) HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) QUVIVIQ (daridorexant) SILENOR (doxepin) SONATA (zaleplon) zolpidem capsule zolpidem ER zolpidem SL ZOLPIMIST (zolpidem)

31. STEROIDS (TOPICAL) - LOW POTENCY

MedImpact recommended that alclometasone cream, alclometasone ointment, and Derma-Smoothe FS be placed as Preferred on the PDL.

STERIODS (TOPICAL) LOW POTENCY	
Preferred	Non-Preferred
alclometasone DERMA-SMOOTHIE-FS (fluocinolone) desonide hydrocortisone cream, ointment, solution	DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)

32. STEROIDS (TOPICAL) – MEDIUM POTENCY

MedImpact recommended that fluticasone cream, fluticasone ointment, and mometasone solution be placed as Preferred on the PDL.

STERIODS (TOPICAL) MEDIUM POTENCY	
Preferred	Non-Preferred
fluocinolone fluticasone cream, ointment hydrocortisone mometasone cream, ointment mometasone solution	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate)

prednicarbate cream PANDEL (hydrocortisone probutate)	ELOCON (mometasone) fluticasone lotion LUXIQ (betamethasone) MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)
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33. STEROIDS (TOPICAL) – HIGH POTENCY

MedImpact recommended that amcinonide cream and triamcinolone aerosol be placed as Non-Preferred and betamethasone dipropionate augmented cream, betamethasone dipropionate augmented lotion, and fluocinonide cream and fluocinonide emollient cream, fluocinonide gel, fluocinonide ointment, and fluocinonide solution be placed as Preferred on the PDL.

STERIODS (TOPICAL) HIGH POTENCY	
Preferred	Non-Preferred
betamethasone diprop augmented cream betamethasone diprop augmented gel betamethasone diprop augmented lotion betamethasone valerate cream, lotion, ointment fluocinolone fluocinonide triamcinolone 0.025% and 0.1% cream, ointment, lotion	amcinonide cream amcinonide ointment betamethasone diprop/prop gly cream, lotion, ointment betamethasone dipropionate ointment BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) halcinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) triamcinolone aerosol triamcinolone 0.05% ointment TRIANEX (triamcinolone) VANOS (fluocinonide)

34. STEROIDS (TOPICAL) – VERY HIGH POTENCY

MedImpact recommended that clobetasol emollient cream, clobetasol foam, clobetasol gel, and clobetasol solution be placed as Preferred on the PDL.

STERIODS (TOPICAL) VERY HIGH POTENCY	
Preferred	Non-Preferred
clobetasol emollient cream clobetasol lotion clobetasol shampoo, spray clobetasol propionate cream clobetasol propionate foam clobetasol propionate gel clobetasol propionate ointment clobetasol propionate solution halobetasol cream halobetasol ointment	BRYHALI (halobetasol) CLOBEX (clobetasol) DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam IMPEKLO (clobetasol) LEXETTE (halobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) TEMOVATE Cream (clobetasol propionate)

	TEMOVATE Ointment (clobetasol propionate) TOVET Foam (clobetasol) ULTRAVATE Lotion (halobetasol)
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35. STIMULANTS AND RELATED AGENTS

MedImpact recommended that methylphenidate solution and Xyrem be placed as Preferred on the PDL.

STIMULANTS AND RELATED AGENTS SHORT-ACTING	
Preferred	Non-Preferred
amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR methylphenidate IR methylphenidate solution PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) amphetamine sulfate (generic EVEKO) DESOXYN (methamphetamine) dextroamphetamine/amphetamine ER dextroamphetamine solution EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexamethylphenidate) methamphetamine METHYLIN solution (methylphenidate) methylphenidate chewable RITALIN (methylphenidate) ZENZEDI (dextroamphetamine)
STIMULANTS AND RELATED AGENTS NARCOLEPSY	
armodafinil modafinil SUNOSI (solriamfetol) XYREM (sodium oxybate)	LUMRYZ (sodium oxybate) NUVIGIL (armodafinil) PROVIGIL (modafinil) sodium oxybate WAKIX (pitolisant) XYWAV (calcium, magnesium, potassium and sodium oxybates)

36. ULCERATIVE COLITIS AGENTS

MedImpact recommended that mesalamine ER (generic Apriso ER) and Lialda be placed as Non-Preferred on the PDL.

ULCERATIVE COLITIS AGENTS	
Preferred	Non-Preferred
APRISO (mesalamine) balsalazide budesonide EC PENTASA 250mg (mesalamine) PENTASA 500mg (mesalamine) sulfasalazine UCERIS (budesonide)	AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide ER tablets COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine) ENTOCORT EC (budesonide) LIALDA (mesalamine) mesalamine tablet (generic Asacol HD) mesalamine tablet (generic Apriso) mesalamine capsules (generic Delzicol) ORTIKOS (budesonide) VELSIPITY (etrasimod)

VII. Public Comments

1. Daniel Benner from BioCrist spoke in favor of Orladeyo.
2. Nitin Bhatia from Indivior spoke in favor of Sublocade.
3. Dr. Roy, an associate professor at Tulane and advocate, spoke in favor of Vivitrol.
4. Joe Cirrincione from Incyte spoke in favor of Opzelura.
5. Ronnie Depue from Axsome Therapeutics spoke in favor of Auvelity and Sunosi.
6. Jeff Goforth from Novo Nordisk spoke in favor of Ozempic and Rybelsus.
7. Bradford Loo from Intra-Cellular Therapies spoke in favor of Caplyta.
8. Brent Milovac from Leo pharma spoke in favor of Adbry.
9. Jake Murawski from Sanofi spoke in favor of Altuviio.
10. Tanya Nelson from Johnson and Johnson spoke in favor of Tremfya.
11. Matthew Nguyen from Abbvie spoke on Qulipta, Rinvoq and Skyrizi.
12. Daphne Ni from Biogen spoke in favor of Zurzuvae.
13. Jenny Piacentini from Novartis spoke in favor of Kesimpta.
14. Dr. Chasity Torrence a psychiatrist and advocate from Hinds Behavioral Health Services spoke in favor of Caplyta and Libalvi.
15. Alexandra Wallem from Lilly spoke in favor on Taltz.

VIII. Motion for All Non-Extracted Categories to be Approved as Proposed

A motion by Dr. Gilchrist was made to approve the recommendations in the Non-Extracted Categories with a second by Dr. Turman, votes were taken and the motion passed.

IX. Comprehensive Review of Classes- Second Round Extractions

The approved category details are provided in the tables below with the changes highlighted in yellow.

1. ANTIFUNGALS

MedImpact recommended that griseofulvin suspension be placed as Non-Preferred on the PDL. There was robust discussion around this topic and it was agreed upon that edits will be placed to allow children aged 10 and under access to this product without a PA. Dr. Maltby

moved to accept the recommendation, Dr. Turman seconded, votes were taken, and the motion was adopted.

ANTIFUNGALS ORAL	
Preferred	Non-Preferred
clotrimazole fluconazole nystatin terbinafine	ANCOBON (flucytosine) ^ BREXAFEMME (ibrexafungerp) CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) flucytosine GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize suspension griseofulvin microsize tablets griseofulvin ultramicrosize tablet GRIS-PEG (griseofulvin) itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ posaconazole^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) TOLSURA (itraconazole) VFEND (voriconazole) ^ VIVJOA (oteseconazole) voriconazole ^

2. ATOPIC DERMATITIS

MedImpact recommended that Eucrisa be placed as Preferred on the PDL. Dr. Maltby moved to accept the recommendation, Dr. Gilchrist seconded, votes were taken, and the motion was adopted.

ATOPIC DERMATITIS	
Preferred	Non-Preferred
ADBRY (tralokinumab) ADBRY autoinjector (tralokinumab) DUPIXENT (dupilumab) ELIDEL (pimecrolimus) EUCRISA (crisaborole) PROTOPIC (tacrolimus) tacrolimus	CIBINQO (abrocitinib) EBGLYSS (lebrikizumab-lbkz) ^{NR} OPZELURA (ruxolitinib) pimecrolimus ZORYVE (roflumilast) 0.15% cream

3. COLONY STIMULATING FACTORS

MedImpact recommended that Fylnetra and Stimufend be placed as Non-Preferred and Fulphila be placed as Preferred on the PDL. Dr. Mr. Rodgers moved to accept the recommendation, Dr. Maltby seconded, votes were taken, and the motion was adopted.

COLONY STIMULATING FACTORS	
Preferred	Non-Preferred
FULPHILA (pegfilgrastim) NEUPOGEN Syringe (filgrastim)	FYLNETRA (pegfilgrastim) GRANIX (tbo-filgrastim)

NEUPOGEN Vial (filgrastim)	LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) NYVEPRIA (pegfilgrastim-apgf) RELEUKO (filgrastim) ROLVEDON (eflapegrastim) STIMUFEND (pegfilgrastim-fpgk) UDENYCA (pegfilgrastim-cbqv) UDENYCA ONBODY (pegfilgrastim-cbqv) ZARXIO (filgrastim) ZIEXTENZO (pegfilgrastim-bmez)
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4. CYTOKINE & CAM ANTAGONISTS

MedImpact recommended that Olumiant and Rinvoq be placed as Preferred on the PDL. Dr. Chaney moved to accept the recommendation, Mr. Rodgers seconded, votes were taken, and the motion was adopted.

CYTOKINE & CAM ANTAGONISTS	
Preferred	Non-Preferred
ACTEMRA SYRINGE (tocilizumab)	ABRILADA (adalimumab-afzb)
ACTEMRA VIAL (tocilizumab)	ACTEMRA ACTPEN (tocilizumab)
AVSOLA (infliximab)	adalimumab-aacf
ENBREL (etanercept)	adalimumab-aaty
HUMIRA (adalimumab)	adalimumab-adaz
KINERET (anakinra)	adalimumab-adbm
Methotrexate	adalimumab-fkjp
OLUMIANT (baricitinib)	adalimumab-ryvk
ORENCIA CLICKJET (abatacept)	AMJEVITA (adalimumab)
ORENCIA VIAL (abatacept)	ARCALYST (riloncept)
OTEZLA (apremilast)	BIMZELX (bimekizumab-bkzx)
RINVOQ (upadacitinib)	CIMZIA (certolizumab)
SIMPONI (golimumab)	COSENTYX (secukinumab)
TALTZ (ixekizumab)	COSENTYX VIAL (secukinumab)
TYENNE (tocilizumab-aazg)	CYLTEZO (adalimumab-adbm)
XELJANZ IR (tofacitinib)	ENTYVIO (vedolizumab)
	ENTYVIO SQ (vedolizumab)
	HADLIMA (adalimumab)
	HULIO (adalimumab)
	HYRIMOZ (adalimumab)
	IDACIO (adalimumab)
	ILARIS (canakinumab)
	ILUMYA (tildrakizumab)
	INFLECTRA (infliximab)
	JYLAMVO (methotrexate)
	KEVZARA (sarilumab)
	LITFULO (ritlecitinib)
	OMVOH (mirikizumab-mrkz)
	ORENCIA SYRINGE (abatacept)
	OTREXUP (methotrexate)
	RASUVO (methotrexate)
	REMICADE (infliximab)
	RENFLEXIS (infliximab-abda)
	RHEUMATREX (methotrexate)
	SILIQ (brodalumab)
	SIMLANDI (adalimumab-ryvk)

	SKYRIZI (risankizumab) SOTYKTU (deucravacitinib) SPEVIGO (spesolimab) STELARA (ustekinumab) TOFIDENCE (tocilizumab-bavi) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ Oral Solution (tofacitinib) XELJANZ XR (tofacitinib) YUFLYMA (adalimumab) YUSIMRY (adalimumab) ZYMFENTRA (infliximab-dyyb)
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5. FACTOR DEFICIENCY PRODUCTS

MedImpact recommended that Altuviio be placed as Preferred on the PDL. Dr. Minor moved to accept the recommendation, Dr. Gilchrist seconded, votes were taken, and the motion was adopted.

FACTOR DEFICIENCY PRODUCTS FACTOR VIII	
Preferred	Non-Preferred
ADVATE ALTUVIIO AFSTYLA ALPHANATE FEIBA NF HEMOFIL M HUMATE-P KOATE KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ RECOMBINATE WILATE XYNTHA XYNTHA SOLOFUSE	ADYNOVATE ELOCTATE ESPEROCT HEXILATE FS JIVI KCENTRA OBIZUR VONVENDI

6. GROWTH HORMONE

MedImpact recommended that Nutropin be placed as Non-Preferred and Skytrofa be placed as Preferred on the PDL. Dr. Turman moved to accept the recommendation, Mr. Rodgers seconded, votes were taken, and the motion was adopted.

GROWTH HORMONE	
Preferred	Non-Preferred
GENOTROPIN (somatropin) NORDITROPIN (somatropin) SKYTROFA (lonapegsomatropin)	HUMATROPE (somatropin) NGENLA (somatrogon-ghla) NUTROPIN AQ (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin)

7. HEREDITARY ANGIOEDEMA

MedImpact recommended Berinert, Haegarda, and icatibant be placed as Preferred on the PDL. Dr. Minor moved to accept the recommendation, Dr. Turman seconded, votes were taken, and the motion was adopted.

HEREDITARY ANGIOEDEMA	
Preferred	Non-Preferred
<p>BERINERT (C1 esterase inhibitor) HAEGARDA (C1 esterase inhibitor) icatibant</p>	<p>CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) KALBITOR VIAL (ecallantide) ORLADEYO (berotralstat hydrochloride) RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo)</p>

8. HYPOGLYCEMICS, INSULIN AND RELATED AGENTS

MedImpact recommended Levemir be placed as Non-Preferred on the PDL. Dr. Minor moved to accept the recommendation, Dr. Chaney seconded, votes were taken, and the motion was adopted.

HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	
Preferred	Non-Preferred
<p>HUMULIN N, R, 70/30 VIALOTC (insulin) HUMULIN R U500 KWIKPEN HUMULIN R U500 VIAL (insulin) HUMALOG MIX 50/50 VIAL HUMALOG MIX 75/25 VIAL insulin aspart insulin aspart flexpen insulin aspart mix insulin aspart mix flexpen insulin lispro insulin lispro jr kwikpen insulin lispro kwikpen LANTUS SOLOSTAR & VIAL (insulin glargine) TOUJEO (insulin glargine) TOUJEO MAX (insulin glargine)</p>	<p>AFREZZA (insulin) ADMELOG (insulin lispro) APIDRA (insulin glulisine) APIDRA SOLOSTAR (insulin glulisine) BASAGLAR (insulin glargine) FIASP (insulin aspart) HUMALOG JR (insulin lispro) HUMALOG KWIKPEN U100 (insulin lispro) HUMALOG KWIKPEN U200 (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMALOG VIAL (insulin lispro) HUMULIN N, 70/30 KWIKPEN (insulin) ^{OTC} insulin glargine LEVEMIR (insulin detemir) LYUMJEV KWIKPEN (insulin lispro) LYUMJEV VIAL (insulin lispro) NOVOLIN N, R, 70/30 FLEXPEN (insulin) ^{OTC} NOVOLIN N, R, 70/30 VIAL (insulin) ^{OTC} NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine) REZVOGLAR (insulin glargine) SEMGLEE (insulin glargine) TRESIBA (insulin degludec)</p>

9. HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS

MedImpact recommended Invokana and Invokamet placed as Non-Preferred and Glyxambi, Synjardy XR, and Trijardy XR be placed as Preferred on the PDL. Dr. Minor moved to accept the recommendation, Dr. Turman seconded, votes were taken, and the motion was adopted.

HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS	
Preferred	Non-Preferred
FARXIGA (dapagliflozin) JARDIANCE (empagliflozin)	dapagliflozin INPEFA (sotagliflozin) INVOKANA (canagliflozin) STEGLATRO (ertugliflozin)
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS COMBINATIONS	
Preferred	Non-Preferred
GLYXAMBI (empagliflozin/linagliptin) SYNJARDY (empagliflozin/metformin) SYNJARDY XR (empagliflozin/metformin) TRIJARDY XR (empagliflozin/linagliptin/metformin)	dapagliflozin/metformin INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SEGLUROMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) XIGDUO XR (dapagliflozin/metformin)

10. MULTIPLE SCLEROSIS AGENTS

MedImpact recommended Avonex and Gilenya be placed as Non-Preferred on the PDL. Dr. Minor moved to accept the recommendation, Mr. Rodgers seconded, votes were taken, and the motion was adopted.

MULTIPLE SCLEROSIS AGENTS	
Preferred	Non-Preferred
BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) dalfampridine dimethyl fumarate fingolimod REBIF (interferon beta-1a) teriflunomide TYSABRI (natalizumab)	AMPYRA (dalfampridine) AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) BAFIERTAM (monomethyl fumarate) BRIUMVI (ublituximab) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) glatiramer GILENYA (fingolimod) GLATOPA (glatiramer) KESIMPTA (ofatumumab) MAVENCLAD (cladribine) MAYZENT (siponimod) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) PONVORY (ponesimod) TASCENSO ODT (fingolimod) TECFIDERA (dimethyl fumarate) VUMERITY (diroximel fumarate) ZEPOSIA (ozanimod)

11. STIMULANTS AND RELATED AGENTS- NON-STIMULANTS

MedImpact recommended Qelbree be placed as Preferred on the PDL. Dr. Minor moved to accept the recommendation, Dr. Turman seconded, votes were taken, and the motion was adopted.

STIMULANTS AND RELATED AGENTS NON-STIMULANTS	
Preferred	Non-Preferred
atomoxetine clonidine ER guanfacine ER QELBREE (viloxazine)	INTUNIV (guanfacine ER) ONYDA XR (clonidine extended release) ^{NR} STRATTERA (atomoxetine)

12. STIMULANTS AND RELATED AGENTS- LONG ACTING

MedImpact recommended Vyvanse be placed as Preferred and the generic lisdexamfetamine be placed as Non-Preferred on the PDL. There was robust discussion around pricing of the generic. The decision was made to make Brand Vyvanse preferred but also leave the generic as preferred. Mr. Rodgers moved to accept the recommendation, Dr. Maltby seconded, votes were taken, and the motion was adopted.

STIMULANTS AND RELATED AGENTS LONG-ACTING	
ADDERALL XR (amphetamine salt combination) amphetamine salt combination ER CONCERTA (methylphenidate) dexamethylphenidate ER dextroamphetamine ER DYANAVEL XR SUSPENSION (amphetamine) lisdexamfetamine (generic Vyvanse) lisdexamfetamine (generic Vyvanse Chewable) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) methylphenidate ER Tabs (generic Ritalin SR) methylphenidate ER/LA Caps (generic Ritalin LA) QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	ADHANSIA XR (methylphenidate) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine) amphetamine susp 24 hr (generic ADZENYS ER) APTENSIO XR (methylphenidate) AZSTARYS (serdexmethylphenidate/dexamethylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) DYANAVEL XR tablet (amphetamine) FOCALIN XR (dexamethylphenidate) JORNAY PM (methylphenidate) methylphenidate ER caps (generic Aptensio XR) methylphenidate ER (generic Relexxii) methylphenidate patch (generic Daytrana) MYDAYIS (amphetamine salt combination) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate) VYVANSE CHEWABLE (lisdexamfetamine)* XELSTRYM patch (dextroamphetamine)

X. New Classes for Review

MedImpact recommended 2 new classes be added to the PDL.

1. ANTIPSORIATICS - TOPICAL

MedImpact recommended that calcipotriene cream, Taclonex ointment, Taclonex suspension, and Enstilar foam be placed as Preferred on the PDL. Dr. Maltby moved to accept the recommendation, Dr. Turman seconded, votes were taken, and the motion was adopted.

ANTIPSORIATICS (TOPICAL)	
Preferred	Non-Preferred
calcipotriene cream ENSTILAR (calcipotriene/betamethasone)	calcipotriene foam/oint/solution

TACLONEX (calcipotriene/betamethasone)	calcipotriene/betamethasone oint/suspension calcitriol ointment DUOBRII (halobetasol) SORILUX (calcipotriene) VTAMA (tapinarof)
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2. UREA CYCLE DISORDERS

MedImpact recommended that Carbaglu be placed as Preferred on the PDL. Dr. Minor moved to accept the recommendation, Dr. Gilchrist seconded, votes were taken, and the motion was adopted.

UREA CYCLE DISORDERS	
Preferred	Non-Preferred
CARBAGLU (carglumic acid)	buphenyl powder buphenyl tablet carglumic acid OLPRUVA PHEBURANE RAVICTI

XI. Extracted Therapeutic Class Reviews- New Drugs

1. ATOPIC DERMATITIS

MedImpact recommended that Adbry Autoinjector be placed as Preferred on the PDL. Dr. Minor moved to accept the recommendation, Dr. Turman seconded, votes were taken, and the motion was adopted

ATOPIC DERMATITIS	
Preferred	Non-Preferred
ADBRY (tralokinumab) ADBRY autoinjector (tralokinumab) DUPIXENT (dupilumab) ELIDEL (pimecrolimus) CRISA (crisaborole) PROTOPIC (tacrolimus) tacrolimus	CIBINQO (abrocitinib) EBGLYSS (lebrikizumab-lbkz) ^{NR} OPZELURA (ruxolitinib) pimecrolimus ZORYVE (roflumilast) 0.15% cream

2. ANGIOTENSIN MODULATORS

MedImpact recommended that Entresto Sprinkle be placed as Non-Preferred on the PDL. Mr. Rodgers moved to accept the recommendation, Dr. Maltby seconded, votes were taken, and the motion was adopted.

ANGIOTENSIN MODULATORS ARB COMBINATIONS	
Preferred	Non-Preferred
ENTRESTO (valsartan/sacubitril) DUR + irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine olmesartan/HCTZ telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone)

	ENTRESTO SPRINKLE (valsartan/sacubitril) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) olmesartan/amlodipine/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)
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3. ANTICONVULSANTS

MedImpact recommended that Vigafyde be placed as Non-Preferred on the PDL. Dr. Minor moved to accept the recommendation, Mr. Rodgers seconded, votes were taken, and the motion was adopted.

ANTICONVULSANTS ADJUVANTS	
Preferred	Non-Preferred
carbamazepine	APTIOM (eslicarbazepine)
carbamazepine suspension	BANZEL (rufinamide)
carbamazepine ER (generic Carbatrol)	BRIVIACT (brivaracetam)
DEPAKOTE ER (divalproex)	carbamazepine XR
DEPAKOTE SPRINKLE (divalproex)	CARBATROL (carbamazepine)
divalproex	DEPAKENE (valproic acid)
divalproex ER	DEPAKOTE (divalproex)
divalproex sprinkle	DIACOMIT (stiripentol)
EPIDIOLEX (cannabidiol)	ELEPSIA XR (levetiracetam)
EPITOL (carbamazepine)	EPRONTIA (topiramate solution)
gabapentin	EQUETRO (carbamazepine)
lacosamide	felbamate
lamotrigine	FELBATOL (felbamate)
levetiracetam	FINTEPLA (fenfluramine)
levetiracetam ER	FYCOMPA (perampanel)
oxcarbazepine	GABITRIL (tiagabine)
tiagabine	KEPPRA (levetiracetam)
topiramate tablet	KEPPRA XR (levetiracetam)
topiramate sprinkle capsule	LAMICTAL (lamotrigine)
TRILEPTAL Suspension (oxcarbazepine)	LAMICTAL CHEWABLE (lamotrigine)
valproic acid	LAMICTAL ODT (lamotrigine)
zonisamide	LAMICTAL XR (lamotrigine)
	lamotrigine ER/XR
	lamotrigine ODT
	MOTPOLY XR (lacosamide)
	NEURONTIN (gabapentin)
	oxcarbazepine suspension
	OXTELLAR XR (oxcarbazepine)
	QUDEXY XR (topiramate)
	ROWEEPR (levetiracetam)
	rufinamide
	SABRIL (vigabatrin)
	SPRITAM (levetiracetam)
	STAVZOR (valproic acid)
	TEGRETOL (carbamazepine)
	TEGRETOL SUSPENSION (carbamazepine)

	TEGRETOL XR (carbamazepine) TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) Step Edit TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin VIGAFYDE (vigabatrin) VIGPODER ORAL SOLUTION (vigabatrin) VIMPAT (lacosamide) XCOPRI (cenobamate) ZONISADE (zonisamide suspension) ZTALMY (ganaxolone)
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4. ANTINEOPLASTICS- SELECTED SYSTEMIC ENZYME INHIBITOR

MedImpact recommended that Retevmo and Voranigo be placed as Non-Preferred on the PDL. Dr. Turman moved to accept the recommendation, Dr. Maltby seconded, votes were taken, and the motion was adopted.

ANTINEOPLASTICS- SELECTED SYSTEMIC ENZYME INHIBITOR	
Preferred	Non-Preferred
BOSULIF (bosutinib)	AFINITOR (everolimus)
CAPRELSA (vandetanib)	AKEEGA (niraparib / abiraterone)
COMETRIQ (cabozantinib)	ALECENSA (alectinib)
COTELLIC (cobimetinib)	ALUNBRIG (brigatinib)
GILOTRIF (afatinib)	AUGTYRO (repotrectinib)
everolimus	AYVAKIT (avapritinib)
ICLUSIG (ponatinib)	BALVERSA (erdafitinib)
imatinib mesylate	BOSULIF CAPSULES (bosutinib)
IMBRUVICA (ibrutinib)	BRAFTOVI (encorafenib)
INLYTA (axitinib)	BRUKINSA (zanubrutinib)
IRESSA (gefitinib)	CABOMETYX (cabozantinib s-malate)
JAKAFI (ruxolitinib)	CALQUENCE (acalabrutinib)
MEKINIST (trametinib dimethyl sulfoxide)	COPIKTRA (duvelisib)
NEXAVAR (sorafenib)	DAURISMO (glasdegib)
ROZLYTREK (entrectinib)	ERIVEDGE (vismodegib)
ROZLYTREK (entrectinib) Pellet Pack	ERLEADA (apalutamide)
SPRYCEL (dasatinib)	erlotinib
STIVARGA (regorafenib)	EXKIVITY (mobocertinib)
SUTENT (sunitinib)	FARYDAK (panobinostat) FOTIVDA (tivozanib)
TAFINLAR (dabrafenib)	FRUZAQLA (fruquintinib)
TARCEVA (erlotinib)	GAVRETO (pralsetinib)
TASIGNA (nilotinib)	gefitinib
TURALIO (pexidartinib)	GLEEVEC (imatinib mesylate)
TYKERB (lapatinib ditosylate)	GLEOSTINE (lomustine)
vandetanib	IBRANCE (palbociclib) DUR+
VOTRIENT (pazopanib)	IDHIFA (enasidenib)
XALKORI (crizotinib)	INQOVI (cedazuridine/decitabine)
XALKORI (crizotinib) Oral Pellets	INREBIC (fedratinib)
XTANDI (enzalutamide)	IWILFIN (eflornithine)
ZELBORAF (vemurafenib)	JAYPIRCA (pirtobrutinib)
ZYDELIG (idelalisib)	KRAZATI (adagrasib)
ZYKADIA (ceritinib)	KISQALI (ribociclib)

	KOSELUGO (selumetinib) lapatinib ditosylate LENVIMA (lenvatinib)DUR+ LORBRENA (lorlatinib) LUMAKRAS (sotorasib) LYNPARZA (olaparib) DUR+ LYTGOBI (futibatinib) MEKTOVI (binimetnib) NERLYNX (neratinib maleate) NUBEQA (darolutamide) ODOMZO (sonidegib) OGSIVEO (nirogacestat) OJEMDA (tovorafenib) OJJAARA (momelotinib) ONUREG (azacitidine) ORGOVYX (relugolix) pazopanib PEMAZYRE (pemigatinib) PIQRAY (apelisib) QINLOCK (ripretinib) REZLIDHIA (lutasidenib) RETEVMO (selpercatinib) RUBRACA (rucaparib) RYDAPT (midostaurin) SCEMBLIX (asciminib) TABRECTA (capmatinib) TAGRISSO (osimertinib) TALZENNA (talazoparib) TAZVERIK (tazemetostat) TECENTRIQ (atezolizumab)NR TEPMETKO (tepotinib) TIBSOVO (ivosidenib) TORPENZ (everolimus) TRUSELTIQ (infigratinib) TRUQAP (capivasertib) TUKYSA (tucatinib) UKONIQ (umbralisib) VANFLYTA (quizartinib) VERZENIO (abemaciclib) VITRAKVI (larotrectinib) VIZIMPRO (dacomitinib) VONJO (pacritinib) VORANIGO (vorasidenib) WELIREG (belzutifan) XATMEP (methotrexate) XOSPATA (gilteritinib) XPOVIO (selinexor) ZEJULA (niraparib)
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5. BILE SALTS

MedImpact recommended that Iqirvo and Livdelzi be placed as Non-Preferred on the PDL. Mr. Rodgers moved to accept the recommendation, Dr. Maltby seconded, votes were taken, and the motion was adopted.

BILE SALTS	
Preferred	Non-Preferred
ursodiol	ACTIGALL (ursodiol) BYLVAY (odevixibat) CHENODAL (chenodiol) CHOLBAM (cholic acid) IQIRVO (elafibrator) LIVDELZI (seladelpar) LIVMARLI (maralixibat) OCALIVA (obeticholic acid) URSO (ursodiol) URSO FORTE (ursodiol)

6. BRONCHODILATORS & COPD AGENTS

MedImpact recommended that Ohtuvayre be placed as Non-Preferred on the PDL. Dr. Minor moved to accept the recommendation, Mr. Rodgers seconded, votes were taken, and the motion was adopted.

BRONCHODILATORS & COPD AGENTS ANTICHOLINERGICS & COPD AGENTS	
Preferred	Non-Preferred
ATROVENT HFA (ipratropium) INCRUSE ELLIPTA (umeclidinium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) LONHALA MAGNAIR (glycopyrrolate) OHTUVAYRE (ensifentrine) roflumilast SEEBRI (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) ^{DUR+} TUDORZA PRESSAIR (aclidinium) YUPELRI (revefenacin)

7. ERYTHROPOIESIS STIMULATING PROTEINS

MedImpact recommended that Vafseo be placed as Non-Preferred on the PDL. Dr. Minor moved to accept the recommendation, Dr. Chaney seconded, votes were taken, and the motion was adopted.

ERYTHROPOIESIS STIMULATING PROTEINS	
Preferred	Non-Preferred
EPOGEN (rHuEPO) MIRCERA (methoxy polyethylene glycol-epoetin-beta) RETACRIT (rHuEPO)	ARANESP (darbepoetin) JESDUVROQ (daprodustat) PROCRIT (rHuEPO) VAFSEO (vadadustat)

8. IMMUNE GLOBULINS

MedImpact recommended that Alyglo be placed as Non-Preferred on the PDL. Mr. Rodgers moved to accept the recommendation, Dr. Chaney seconded, votes were taken, and the motion was adopted.

IMMUNE GLOBULINS	
Preferred	Non-Preferred
BIVIGAM CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD	ALYGLO ASCENIV CABLIVI CUTAQUIG

GAMMAGARD SD GAMUNEX-C HIZENTRA HYQVIA PANZYGA PRIVIGEN XEMBIFY	CUVITRU GAMMAKED GAMMAPLEX OCTAGAM
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9. SKELETAL MUSCLE RELAXANTS

MedImpact recommended that Tanlor be placed as Non-Preferred on the PDL. Dr. Minor moved to accept the recommendation, Dr. Turman seconded, votes were taken, and the motion was adopted.

SKELETAL MUSCLE RELAXANTS	
Preferred	Non-Preferred
baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) baclofen suspension (generic FLEQSUVY) baclofen 15mg carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER DANTRIUM (dantrolene) dantrolene FLEQSUVY (baclofen) FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) LORZONE (chlorzoxazone) LYVISPAH (baclofen granules) metaxalone NORGESIC FORTE (orphenadrine) orphenadrine orphenadrine compound orphenadrine ER PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) TANLOR (methocarbamol) tizanidine capsules ZANAFLEX (tizanidine)

XII. Other Business

None

XIII. Division of Medicaid Update

Mrs. Kirby stated that everyone should have a handout entitled October Mississippi Medicaid Provider Bulletin. She stated the bulletin was about Brand Name Ciprodex that was discussed in the last meeting. She also stated that by combining the ophthalmic products that offer the same ingredients found in Ciprodex, that this was nearly 2x more cost effective than preferring the Brand Ciprodex product. She also thanked the board members for their service.

XIV. Upcoming 2025 Meeting Dates

- a. Tuesday, February 18, 2025
- b. Tuesday, May 13, 2025
- c. Tuesday August 12, 2025
- d. Tuesday, October 21, 2025

XV. Adjournment

The meeting adjourned at 2:09 PM.