

Mississippi Division Of Medicaid
Provider Notice of Preferred Drug List Changes
P&T Meeting Date: February 18, 2025
PDL Changes Effective Date: April 1, 2025



The following changes will be made to the Preferred Drug List (PDL), effective April 1, 2025.

NEW PREFERRED DRUGS	
Therapeutic Class	Drug Name
Select Contraceptive Products (Oral Contraceptives)	FEMLYV (ethinyl estradiol/norethindrone acetate)

NEW NON-PREFERRED DRUGS	
Therapeutic Class	Drug Name
Androgenic Agents	UNDECATREX (testosterone undecanoate)
Angiotensin Modulators (ARB Combinations)	sacubitril-valsartan
Anticonvulsants (Adjuvants)	oxcarbazepine ER
Anti-Parkinson's Agents (Injectable)	VYALEV (foscarnidopa/foslevodopa)
Antipsychotics, Injectable (Atypicals)	ERZOFRI (paliperidone)
Antipsychotics, Oral	COBENFY (xanomeline/trospium)
Antipsychotics, Oral	OPIPZA (aripiprazole)
Atopic Dermatitis	EBGLYSS (lebrikizumab-lbkz)
Bronchodilators, Beta Agonists (Inhalation Solution)	formoterol fumarate nebulizer solution
Calcium Channel Blockers (Short Acting)	nimodipine solution
Cytokine & CAM Antagonists	NEMLUVIO (nemolizumab-ilto)
Cytokine & CAM Antagonists	TREMFYA (guselkumab) pen injector, vial
Cytokine & CAM Antagonists	YUFLYMA (adalimumab-aaty) 40 mg/0.4 mL autoinjector
Factor Deficiency Products (Other Hemophilia Products)	HYMPAVZI (marstacimab-hncq)
Hypoglycemics (DPP4s and Combinations)	ZITUVIMET (sitagliptin/metformin)
Hypoglycemics (DPP4s and Combinations)	ZITUVIMET XR (sitagliptin/metformin ER)
Hypoglycemics (Incretin Mimetics/Enhancers)	exenatide
Multiple Sclerosis Agents	OCREVUS ZUNOVO (ocrelizumab/hyaluronidase-ocsq)
Muscular Dystrophy Agents	DUVYZAT (givinostat)
NSAIDs (Non-Selective Agents)	DOLOBID (diflunisal)
Opiate Dependence Treatments (Dependence)	lofexidine
Parathyroid Agents	YORVIPATH (palopegteriparatide)
Stimulants and Related Agents (Non-Stimulants)	ONYDA XR (clonidine) oral suspension