



MISSISSIPPI DIVISION OF  
**MEDICAID**

# MISSISSIPPI DIVISION OF MEDICAID

## Pharmacy & Therapeutics Committee Meeting Minutes

February 18, 2025 | 10:00 am to 2:00 pm

Live-Streamed

**Committee Members Present:**

- Pat Chaney, MD
- Brad Gilchrist, PharmD
- D. Stanley Hartness, MD
- Karen Maltby, MD
- Deborah Minor, PharmD, Co-Chair
- Louise Turman, PharmD
- Geri Lee Weiland, MD

**Committee Members Absent:**

- Kim Rodgers, RPh
- Wilma Wilbanks, RPh, Chair
- S. Caleb Williamson, PharmD

**Other Contracted Vendors/Staff Present:**

- Tricia Banks, PharmD, Gainwell Technologies
- Jenni Grantham, PharmD, Magnolia Health
- Heather Odem, PharmD, UnitedHealthcare

**MedImpact Staff Present:**

- Dean Beuglass, BSP Pharm
- Dan Inboden, PharmD, BCPS
- Chris Virgilio, PharmD, BCPS

**Division of Medicaid (DOM) Staff Present:**

Office of Pharmacy Staff:

- Terri Kirby, BSP Pharm, RPh, CPM, Pharmacy Director
- Amy Ly-Ha, PharmD, Pharmacist II
- Anish Patel, PharmD, Pharmacist II
- Dennis R. Smith, BSP Pharm, RPh, Pharmacy Team Lead and DUR Coordinator

Other DOM Staff:

- Catherine Brett, MD, MPH, FACPM, Clinical Medical Director, Health Informatics
- Daneel Konnar, Legislative and External Affairs

### Attendance Chart

Committee Member	May 2023	Aug 2023	Oct 2023	Feb 2024	May 2024	Aug 2024	Oct 2024	Feb 2025
Chaney	-	-	-	-	-		X	X
Gilchrist	X	X	X	X		X	X	X
Hartness		X	X	X	X	X		X
Maltby	X	X	X		X	X	X	X
Minor	X	X	X	X	X	X	X	X
Rodgers	X	X	X			X	X	
Turman	X	X	X	X	X	X	X	X
Weiland	X		X		X	X		X
Wilbanks	X	X	X	X	X	X	X	
Williamson		X		X				

I. **CALL TO ORDER**

Dr. Minor, Co-Chair, called the meeting to order at 10:09 am.

II. **WELCOME AND INTRODUCTIONS**

Mrs. Kirby, DOM Pharmacy Director, welcomed the Pharmacy and Therapeutics (P&T) Committee. Mrs. Kirby introduced herself and had various parties introduce themselves and provide a brief statement about their professional background. Mrs. Kirby thanked the members for their service on the committee.

Mrs. Kirby 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. Additionally, Mrs. Kirby mentioned that at the end of January 2025, the total beneficiary count was about 709,724, which represents close to 25% of Mississippi's total population as having Medicaid coverage.

III. **ADMINISTRATIVE MATTERS**

Mrs. Kirby reminded all guests to complete the sign-in sheet prior to leaving if they had not completed it upon arrival. She reviewed policies and procedures related to food/drink, cell phones/laptop usage, travel forms, and wireless internet. She also reminded members that the Cost Sheets in the red binders are highly confidential per CMS by US Code 1396.

Mrs. Kirby explained to the members what constitutes a true conflict of interest. She also noted that if a conflict of interest exists for a P&T Committee Member, then that member is not allowed to participate in committee discussions or participate in any voting involving the conflict of interest, whether it be a drug or topic. Mrs. Kirby advised members that 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 also conform to the Public Meetings Act.

Mrs. Kirby stated that DOM aggressively pursues supplemental rebates. She stated that Mississippi is part of the Sovereign States Drug Consortium (SSDC) pool, which is comprised of 15 State Medicaid programs. She further elaborated on the SSDC pool as representing approximately 15.4 million lives with over \$20 billion in total drug spend. She stated that the pooled lives of all 15 states result in better supplemental rebate offers and increased savings to the state of Mississippi. She also explained that Change Healthcare is the vendor for the SSDC and 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 online registration opens 30 days prior to each meeting to allow industry and advocacy groups to register and attend upcoming P&T meetings. She also stated that committee members receive Therapeutic Class Reviews (TCR's) electronically from MedImpact, approximately two to three weeks prior to each meeting. Mrs. Kirby noted that, prior to the class reviews, there is a public comment period. She explained that during this time, advocacy groups and pharmaceutical industry designees will have three minutes per group or per drug to speak, and MedImpact will call on registered speakers and enforce the three-minute speaking rule.

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 or, in the absence of the Chair, the Co-Chair announce recommendations, motions, and names of the committee members who make motions. She also requested that the motions be made by hand or voice. She stated that the final decision regarding the preferred/non-preferred status of any drug will go to the DOM Executive Director, Cindy Bradshaw, for final review and approval.

Mrs. Kirby announced that the meeting minutes from this meeting will be posted on the DOM website ([www.medicaid.ms.gov](http://www.medicaid.ms.gov)) no later than March 20, 2025. She stated that implementation for PDL changes that are discussed in this meeting will take effect April 1, 2025. She also stated that the committee's recommendations are considered to provide the most appropriate therapy from both a clinical and cost-effective standpoint. Mrs. Kirby stated that PDL decisions will be posted on the DOM website no later than March 1, 2025.

#### **IV. APPROVAL OF THE OCTOBER, 22, 2024 MEETING MINUTES AND DECISIONS**

- a. Dr. Minor requested additional time for the committee to review the minutes from the October 22, 2024, meeting.
- b. Dr. Weiland motioned to review and vote to approve of the minutes from the October 22, 2024 meeting via email. Dr. Turman seconded the motion. Votes were taken, and the motion was adopted.
- c. After reviewing the minutes via email, Dr. Hartness motioned to accept the minutes from the October 22, 2024, meeting with no additions or corrections. Dr. Turman seconded the motion. Votes were taken, and the motion was adopted.

#### **V. PREFERRED DRUG LIST (PDL) COMPLIANCE/GENERIC PERCENT REPORT UPDATES**

Dr. Inboden explained that the PDL Compliance/Generic Percent Report was not available this quarter due to a data project with Gainwell Technologies. He stated that a total of two quarters will be reported during the next P&T Committee Meeting, which is scheduled on May 13, 2025.

#### **VI. PUBLIC COMMENTS**

- a. Tracey Maravilla from Ascendis spoke in favor of Yorvipath.
- b. Jonathon Jones from Bristol Myers Squibb spoke in favor of Cobenfy.
- c. Tara Kochler from Pfizer spoke in favor of Hymvapzi.
- d. Janay Bankhead, and her daughter (Jolie), spoke as food allergy advocates in favor of Neffy.

#### **VII. NEW DRUG/NEW GENERIC REVIEWS**

Dr. Inboden reoriented the committee members to the organization of the financial information provided in the Cost Sheets within the confidential red binders.

For each drug being reviewed, Dr. Inboden stated the drug's name, its respective drug class, and its location within the Cost Sheets and on the PDL document.

Dr. Inboden provided a clinical and financial review (or a financial review only) for each drug as predetermined and outlined on the P&T Committee Meeting Agenda. He concluded each review by providing MedImpact's recommendation on whether the agent should be Preferred or Non-Preferred.

Note: Approved recommendations are provided in the tables below with changes highlighted in yellow, except as noted for NEFFY (epinephrine) and FEMLYV ODT (norethindrone acetate/ethinyl estradiol orally disintegrating tablets).

1. **UNDECATREX (testosterone undecanoate)**

Dr. Inboden explained that this agent was mistakenly removed from the second draft of the P&T Agenda and still needed to be reviewed. MedImpact recommended this agent be Non-Preferred. Dr. Hartness motioned to accept MedImpact’s recommendation. Dr. Weiland seconded the motion. Votes were taken, and the motion was adopted.

ANDROGENIC AGENTS	
Preferred	Non-Preferred
testosterone	ANDROGEL (testosterone)
	JATENZO (testosterone undecanoate)
	NATESTO (testosterone)
	TESTIM (testosterone)
	TLANDO (testosterone undecanoate)
	VOGELXO (testosterone)
	UNDECATREX (testosterone undecanoate)

2. **sacubitril/valsartan**

MedImpact recommended this agent be Non-Preferred. Dr. Chaney motioned to accept MedImpact’s recommendation. Dr. Maltby seconded the motion. Votes were taken, and the motion was adopted.

ANGIOTENSIN MODULATORS	
ARB COMBINATIONS	
Preferred	Non-Preferred
ENTRESTO (valsartan/sacubitril) tablet	ATACAND HCT (candesartan/hydrochlorothiazide)
irbesartan/hydrochlorothiazide	AVALIDE (irbesartan/hydrochlorothiazide)
losartan/hydrochlorothiazide	AZOR (olmesartan/hydrochlorothiazide)
olmesartan/amlodipine	BENICAR HCT (olmesartan/hydrochlorothiazide)
olmesartan/hydrochlorothiazide	candesartan/hydrochlorothiazide
telmisartan/hydrochlorothiazide	DIOVAN-HCT (valsartan/hydrochlorothiazide)
valsartan/amlodipine	EDARBYCLOR (azilsartan/chlorthalidone)
valsartan/amlodipine/hydrochlorothiazide	ENTRESTO (valsartan/sacubitril) sprinkle capsule
valsartan/hydrochlorothiazide	EXFORGE (valsartan/amlodipine)
	EXFORGE HCT (valsartan/amlodipine/hydrochlorothiazide)
	olmesartan/amlodipine/hydrochlorothiazide
	telmisartan/amlodipine
	TRIBENZOR (olmesartan/amlodipine/hydrochlorothiazide)
	valsartan/sacubitril

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3. **oxcarbazepine ER tablet**

MedImpact recommended this agent be Non-Preferred. Dr. Hartness motioned to accept MedImpact’s recommendation. Dr. Turman seconded the motion. Votes were taken, and the motion was adopted.

<b>ANTICONVULSANTS</b>	
<b>ADJUVANTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
carbamazepine	APTIOM (eslicarbazepine acetate)
carbamazepine ER 12-hour capsule	BANZEL (rufinamide)
DEPAKOTE ER (divalproex)	BRIVIACT (brivaracetam)
DEPAKOTE SPRINKLE (divalproex)	carbamazepine ER 12-hour tablet
divalproex	CARBATROL (carbamazepine)
divalproex ER	DEPAKOTE (divalproex)
divalproex sprinkle	DIACOMIT (stiripentol)
EPIDIOLEX (cannabidiol)	ELEPSIA XR (levetiracetam)
lacosamide	EPRONTIA (topiramate)
lamotrigine	EQUETRO (carbamazepine)
lamotrigine blue, green, orange dose pack	felbamate
levetiracetam	FELBATOL (felbamate)
levetiracetam ER	FINTEPLA (fenfluramine)
oxcarbazepine tablet	FYCOMPA (perampanel)
tiagabine	KEPPRA (levetiracetam)
topiramate	KEPPRA XR (levetiracetam)
topiramate sprinkle 25 mg	LAMICTAL (lamotrigine)
TRILEPTAL (oxcarbazepine) suspension	LAMICTAL XR (lamotrigine)
valproic acid	lamotrigine ER
zonisamide	lamotrigine ODT
	lamotrigine ODT blue, green, orange dose pack
	MOTPOLY XR (lacosamide)
	oxcarbazepine suspension
	<b>oxcarbazepine ER</b>
	OXTELLAR XR (oxcarbazepine)
	QUDEXY XR (topiramate)
	ROWEEPRA (levetiracetam)
	rufinamide
	SABRIL (vigabatrin)
	SPRITAM (levetiracetam)
	SUBVENITE (lamotrigine)
	TEGRETOL (carbamazepine)
	TEGRETOL XR (carbamazepine)
	TOPAMAX (topiramate)
	topiramate ER
	TRILEPTAL (oxcarbazepine) tablet
	TROKENDI XR (topiramate)
	vigabatrin
	VIGADRONE (vigabatrin)
	VIGAFYDE (vigabatrin)
	VIGPODER (vigabatrin)
	VIMPAT (lacosamide)
	XCOPRI (cenobamate)
	ZONISADE (zonisamide) suspension
	ZTALMY (ganaxolone)

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4. **VYALEV** (foscarbidopa/foslevodopa)

MedImpact recommended this agent be Non-Preferred. A robust clinical and financial discussion followed. Dr. Turman motioned to accept MedImpact’s recommendation. Dr. Gilchrist seconded the motion. Votes were taken, and the motion was adopted.

ANTIPARKINSON’S AGENTS (INJECTABLE)	
Preferred	Non-Preferred
	VYALEV (foscarbidopa/foslevodopa)

5. **ERZOFRI** (paliperidone palmitate)

MedImpact recommended this agent be Non-Preferred. A robust clinical and financial discussion followed. Dr. Weiland motioned to accept MedImpact’s recommendation. Dr. Hartness seconded the motion. Votes were taken, and the motion was adopted.

ANTIPSYCHOTICS	
INJECTABLE, ATYPICALS	
Preferred	Non-Preferred
ABILIFY ASIMTUFII, MAINTENA (aripiprazole)	ERZOFRI (paliperidone palmitate)
ARISTADA, ARISTADA INITIO (aripiprazole lauroxil)	GEODON (ziprasidone)
INVEGA HAFYERA, TRINZA (paliperidone)	olanzapine
INVEGA SUSTENNA (paliperidone palmitate)	risperidone ER
PERSERIS (risperidone)	RYKINDO (risperidone)
RISPERIDAL CONSTA (risperidone)	ziprasidone
UZEDY (risperidone)	ZYPREXA, ZYPREXA RELPREVV (olanzapine)

6. **COBENFY** (xanomeline/trospium) and **OPIPZA** (aripiprazole)

MedImpact recommended these agents be Non-Preferred. Dr. Weiland motioned to accept MedImpact’s recommendation. Dr. Maltby seconded the motion. Votes were taken, and the motion was adopted.

ANTIPSYCHOTICS	
ORAL	
Preferred	Non-Preferred
aripiprazole tablet	ABILIFY, ABILIFY MYCITE (aripiprazole)
asenapine	ADASUVE (loxapine)
clozapine tablet	aripiprazole ODT, solution
fluphenazine	CAPLYTA (lumateperone)
haloperidol	chlorpromazine
haloperidol lactate	clozapine ODT
olanzapine	CLOZARIL (clozapine)
perphenazine	COBENFY (xanomeline/trospium)
perphenazine/amitriptyline	FANAPT (iloperidone)
quetiapine	GEODON (ziprasidone)
quetiapine ER	IGALMI (dexmedetomidine)
risperidone	INVEGA (paliperidone)
thioridazine	LATUDA (lurasidone)
trifluoperazine	lurasidone
VRAYLAR (cariprazine)	LYBALVI (olanzapine/samidorphan)
ziprasidone	NUPLAZID (pimavanserin)
	olanzapine/fluoxetine
	OPIPZA (aripiprazole)
	paliperidone ER
	REXULTI (brexpiprazole)
	RISPERDAL (risperidone)
	SAPHRIS (asenapine)
	SEROQUEL (quetiapine)
	SYMBYAX (olanzapine/fluoxetine)
	VERSACLOZ (clozapine)
	ZYPREXA, ZYPREXA ZYDIS (olanzapine)

7. **EBGLYSS** (lebrikizumab-lbkz)

MedImpact recommended this agent be Non-Preferred. Dr. Chaney motioned to accept MedImpact’s recommendation. Dr. Weiland seconded the motion. Votes were taken, and the motion was adopted.

ATOPIC DERMATITIS	
Preferred	Non-Preferred
ADBRY (tralokinumab-ldrm)	CIBINQO (abrocitinib)
ADBRY Autoinjector (tralokinumab-ldrm)	<b>EBGLYSS (lebrikizumab-lbkz)</b>
DUPIXENT (dupilumab)	OPZELURA (ruxolitinib)
ELIDEL (pimecrolimus)	ZORYVE (roflumilast) 0.15% cream
EUCRISA (crisaborole)	
pimecrolimus	
tacrolimus	

8. **formoterol fumarate**

MedImpact recommended this agent be Non-Preferred. A robust clinical and financial discussion followed. Dr. Hartness motioned to accept MedImpact’s recommendation. Dr. Turman seconded the motion. Votes were taken, and the motion was adopted.

BRONCHODILATORS, BETA AGONISTS	
INHALATION SOLUTION	
Preferred	Non-Preferred
albuterol	arformoterol
	BROVANA (arformoterol)
	formoterol
	<b>formoterol fumarate</b>
	levalbuterol
	PERFOROMIST (formoterol)

9. **nimodipine solution**

MedImpact recommended this agent be Non-Preferred. Dr. Weiland motioned to accept MedImpact’s recommendation. Dr. Gilchrist seconded the motion. Votes were taken, and the motion was adopted.

CALCIUM CHANNEL BLOCKERS	
SHORT-ACTING	
Preferred	Non-Preferred
diltiazem	CARDIZEM (diltiazem)
nicardipine	isradipine
nifedipine	nimodipine capsule and <b>solution</b>
verapamil	NORLIQVA (amlodipine)
	NYMALIZE (nimodipine)

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10. **NEMLUVIO** (nemolizumab-ilto), **TREMFYA** (guselkumab), **and YUFLYMA** (adalimumab-aaty) MedImpact recommended these agents be Non-Preferred. Dr. Hartness motioned to accept MedImpact’s recommendation. Dr. Chaney seconded the motion. Votes were taken, and the motion was adopted.

<b>CYTOKINE &amp; CAM ANTAGONISTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
ACTEMRA (tocilizumab) syringe, vial	ABRILADA (adalimumab-afzb)
AVSOLA (infliximab-axxq)	ACTEMRA ACTPEN (tocilizumab)
ENBREL (etanercept)	adalimumab-aacf
HUMIRA (adalimumab)	adalimumab-aaty
KINERET (anakinra)	adalimumab-adaz
methotrexate	adalimumab-adbm
OLUMIANT (baricitinib)	adalimumab-fkjp
OTEZLA (apremilast)	adalimumab-ryvk
RINVOQ (upadacitinib)	AMJEVITA (adalimumab-atto)
RINVOQ LQ (upadacitinib)	ARCALYST (rilonacept)
SIMPONI (golimumab)	BIMZELX (bimekizumab-bkzx)
TALTZ (ixekizumab)	CIMZIA (certolizumab)
TYENNE Syringe, Vial (tocilizumab-aazg)	COSENTYX (secukinumab)
XELJANZ (tofacitinib) tablet	CYLTEZO (adalimumab-adbm)
	ENTYVIO (vedolizumab)
	HADLIMA (adalimumab-bwwd)
	HULIO (adalimumab-fkjp)
	HYRIMOZ (adalimumab-adaz)
	IDACIO (adalimumab-aacf)
	ILARIS (canakinumab)
	ILUMYA (tildrakizumab-asmn)
	INFLECTRA (infliximab-dyyb)
	infliximab
	JYLAMVO (methotrexate)
	KEVZARA (sarilumab)
	LITFULO (ritlecitinib)
	<b>NEMLUVIO (nemolizumab-ilto)</b>
	OMVOH (mirikizumab-mrkz)
	ORENCIA (abatacept)
	OTREXUP (methotrexate)
	RASUVO (methotrexate)
	REMICADE (infliximab)
	RENFLEXIS (infliximab-abda)
	SILIQ (brodalumab)
	SIMLANDI (adalimumab-ryvk)
	SIMPONI ARIA (golimumab)
	SKYRIZI (risankizumab-rzaa)
	SOTYKTU (deucravacitinib)
	SPEVIGO (spesolimab-sbzo)
	STELARA (ustekinumab)
	TOFIDENCE (tocilizumab-bavi)
	<b>TREMFYA (guselkumab)</b>
	TREXALL (methotrexate)
	TYENNE Autoinjector (tocilizumab-aazg)
	ustekinumab-kfce <sup>NR</sup>
	XATMEP (methotrexate)
	XELJANZ (tofacitinib) solution
	XELJANZ XR (tofacitinib)
	<b>YUFLYMA (adalimumab-aaty)</b>
	YUSIMRY (adalimumab-aqvh)
	ZYMFENTRA (infliximab-dyyb)

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11. **HYMPAVZI** (marstacimab-hncq)

MedImpact recommended this agent be Non-Preferred. A robust clinical and financial discussion followed. Dr. Weiland motioned to accept MedImpact’s recommendation. Dr. Chaney seconded the motion. Votes were taken, and the motion was adopted.

FACTOR DEFICIENCY PRODUCTS	
OTHER HEMOPHILIA PRODUCTS	
Preferred	Non-Preferred
COAGADEX (factor X)	ALHEMO (concizumab-mtci)
FIBRYGA (fibrinogen)	CORIFACT (factor XIII)
HEMLIBRA (emicizumab-kxwh)	<b>HYMPAVZI (marstacimab-hncq)</b>
RIASTAP (fibrinogen)	NOVOSEVEN RT (factor VII)
	SEVENFACT (factor VII)
	TRETTEN (factor XIII)

12. **ZITUVIMET** (sitagliptin/metformin) **and ZITUVIMET XR** (sitagliptin/metformin ER)

MedImpact recommended these agents be Non-Preferred. Dr. Hartness motioned to accept MedImpact’s recommendation. Dr. Chaney seconded the motion. Votes were taken, and the motion was adopted.

FACTOR DEFICIENCY PRODUCTS	
Preferred	Non-Preferred
JANUMET (sitagliptin/metformin)	alogliptin
JANUMET XR (sitagliptin/metformin ER)	alogliptin/metformin
JANUVIA (sitagliptin)	JENTADUETO XR (linagliptin/metformin ER)
JENTADUETO (linagliptin/metformin)	KAZANO (alogliptin/metformin)
TRADJENTA (linagliptin)	KOMBIGLYZE XR (saxagliptin/metformin ER)
	NESINA (alogliptin)
	ONGLYZA (saxagliptin)
	OSENI (alogliptin/pioglitazone)
	saxagliptin
	saxagliptin/metformin ER
	sitagliptin
	sitagliptin/metformin
	<b>ZITUVIMET (sitagliptin/metformin)</b>
	<b>ZITUVIMET XR (sitagliptin/metformin ER)</b>
	ZITUVIO (sitagliptin)

13. **exenatide**

MedImpact recommended this agent be Non-Preferred. Dr. Turman motioned to accept MedImpact’s recommendation. Dr. Weiland seconded the motion. Votes were taken, and the motion was adopted.

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	
Preferred	Non-Preferred
BYETTA (exenatide)	BYDUREON (exenatide)
TRULICITY (dulaglutide)	<b>exenatide</b>
VICTOZA (liraglutide)	liraglutide
	MOUNJARO (tirzepatide)
	OZEMPIC (semaglutide)
	RYBELSUS (semaglutide)
	SOLIQUA (insulin glargine/lixisenatide)
	SYMLINPEN (pramlintide)
	XULTOPHY (insulin degludec/liraglutide)

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14. **NEFFY** (epinephrine)

MedImpact recommended this agent be Non-Preferred. A robust clinical and financial discussion followed. Dr. Weiland motioned to table the vote until a recent contract offer can be evaluated. Dr. Minor seconded the motion. Votes were taken, and the motion was adopted.

**Note:** No table is provided as this agent will remain designated as “NR” (non-reviewed) on the PDL. This medication will be reviewed during the next P&T meeting, which is scheduled on May 13, 2025.

15. **OCREVUS ZUNOVO** (ocrelizumab/hyaluronidase-ocsq)

MedImpact recommended this agent be Non-Preferred. Dr. Weiland motioned to accept MedImpact’s recommendation. Dr. Hartness seconded the motion. Votes were taken, and the motion was adopted.

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

16. **DUVYZAT** (givinostat)

MedImpact recommended this agent be Non-Preferred. Dr. Hartness motioned to accept MedImpact’s recommendation. Dr. Chaney seconded the motion. Votes were taken, and the motion was adopted.

MUSCULAR DYSTROPHY AGENTS	
Preferred	Non-Preferred
EMFLAZA (deflazacort)	AGAMREE (vamorolone)
	AMONDYS-45 (casimersen)
	deflazacort
	<b>DUVYZAT (givinostat)</b>
	ELEVIDYS (delandistrogene moxeparovec-rokl)
	EXONDYS-51 (eteplirsen)
	VILTEPSO (viltolarsen)
	VYONDYS-53 (golodirsen)

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17. **DOLOBID** (diflunisal)

MedImpact recommended this agent be Non-Preferred. A robust clinical and financial discussion followed. Dr. Gilchrist motioned to accept MedImpact’s recommendation. Dr. Chaney seconded the motion. Votes were taken, and the motion was adopted.

NSAIDS	
NON-SELECTIVE	
Preferred	Non-Preferred
diclofenac sodium	DAYPRO (oxaprozin)
diclofenac sodium ER	diclofenac potassium
EC-naproxen DR 500 mg tablet	<b>DOLOBID (diflunisal)</b>
etodolac tablet	etodolac capsule, ER
flurbiprofen	FELDENE (piroxicam)
ibuprofen	fenoprofen
indomethacin capsule	indomethacin ER, suppository
ketoprofen	ketoprofen
ketorolac	kiprofen
nabumetone	LOFENA (diclofenac potassium)
naproxen	meclofenamate
piroxicam	mefenamic acid
sulindac	NALFON (fenoprofen)
	NAPRELAN (naproxen)
	NAPROSYN (naproxen)
	naproxen, naproxen CR, ER
	oxaprozin
	RELAFEN DS (nabumetone)
	TOLECTIN 600 (tolmetin)
	tolmetin

18. **lofexidine**

MedImpact recommended this agent be Non-Preferred. Dr. Weiland motioned to accept MedImpact’s recommendation. Dr. Chaney seconded the motion. Votes were taken, and the motion was adopted.

OPIATE DEPENDENCE & TREATMENTS	
DEPENDENCE	
Preferred	Non-Preferred
buprenorphine/naloxone SL tablet	BRIXADI (buprenorphine)
naltrexone	buprenorphine
SUBOXONE (buprenorphine/naloxone)	buprenorphine/naloxone film
	<b>lofexidine</b>
	LUCEMYRA (lofexidine)
	SUBLOCADE (buprenorphine)
	VIVITROL (naltrexone)
	ZUBSOLV (buprenorphine/naloxone)

19. **YORVIPATH** (palopegteriparatide)

MedImpact recommended this agent be Non-Preferred. Dr. Weiland motioned to accept MedImpact’s recommendation. Dr. Hartness seconded the motion. Votes were taken, and the motion was adopted.

PARATHYROID AGENTS	
Preferred	Non-Preferred
calcitriol	doxercalciferol
cinacalcet	RAYALDEE (calcifediol)
ergocalciferol	ROCALTROL (calcitriol)
paricalcitol	SENSIPAR (cinacalcet)
ZEMPLAR (paricalcitol)	<b>YORVIPATH (palopegteriparatide)</b>

20. **FEMLYV ODT** (norethindrone acetate/ethinyl estradiol orally disintegrating tablets)  
MedImpact recommended this agent be Preferred. Dr. Weiland motioned to accept MedImpact’s recommendation. Dr. Chaney seconded the motion. Votes were taken, and the motion was adopted.

*Note:* No table is provided as this agent will be Preferred. The Mississippi Medicaid PDL document does not list Preferred Agents under the CONTRACEPTIVES, ORAL drug class. Instead, the following statement is used to encompass preferred agents: “All [oral] contraceptives are preferred except for those specifically indicated as non-preferred.”

21. **ONYDA XR** (clonidine ER)  
MedImpact recommended this agent be Non-Preferred. Dr. Hartness motioned to accept MedImpact’s recommendation. Dr. Weiland seconded the motion. Votes were taken, and the motion was adopted.

STIMULANTS AND RELATED AGENTS	
NON-STIMULANTS	
Preferred	Non-Preferred
atomoxetine	INTUNIV (guanfacine)
clonidine ER	NEXICLON XR (clonidine)
guanfacine ER	<b>ONYDA XR (clonidine ER)</b>
QELBREE (viloxazine)	STRATTERA (atomoxetine)

**VIII. DIVISION OF MEDICAID UPDATE**

Mrs. Kirby provided an update on the former Executive Director at Mississippi Division of Medicaid, Drew Snyder. She stated that he was recently appointed as the Deputy Administrator and Director of the Center for Medicaid & CHIP Services.

Mrs. Kirby announced that Dr. Patel and MedImpact reformatted the PDL document. She stated that new format has enhanced the document’s overall readability and has significantly shortened the number of pages.

Mrs. Kirby concluded updates with an obesity education initiative between DOM and the managed care plans. She explained that this is a new program to educate care managers in the context of obesity as a disease state and appropriate use of GLP-1 medications. She stated that this program features a “Train-the-Trainer” model, which aims to provide focused education and training to care managers and subsequently provide enhanced patient care to those on GLP-1 medications. She stated that GLP-1 medications have proven to decrease overall medical costs, and the goal of this new program is to further maximize their clinical and financial impact.

**IX. UPCOMING 2025 MEETING DATES**

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

**X. ADJOURNMENT**

The meeting adjourned at 12:02 pm.