MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting
May 13, 2025
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
Louise Turman, PharmD
D. Stanley Hartness, MD
Wilma Wilbanks, RPh, Chair

Division of Medicaid Staff Present:
Terri Kirby, BSPharm, RPh, CPM
Dennis R. Smith, BSPharm, RPh

MedImpact Staff Present:
Laureen Bizack, DO,FIDSA
Micheal Cooley, PharmD, BCPS
Chris Virgilio, PharmD, BCPS

Other Contract Staff Present:
Tricia Banks, PharmD, Gainwell
Lew Ann Snow, RN, Gainwell
Eric Pittman, PharmD, PhD,
University of Mississippi School of Pharmacy
Buddy Ogletree, PharmD, Telligen
Jenni Grantham, PharmD, Magnolia

Committee Members Not Present:
S. Caleb Williamson, PharmD
Kim Rodgers, RPh
Louise Turman, PharmD
Geri Lee Weiland, MD

Attendance Chart:

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

I. Call to Order

Ms. Wilbanks, Chair, called the meeting to order at 10:21 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: Dr. Tricia Banks from Gainwell; Lew Ann Snow from Gainwell, Eric Pittman, PharmD, PhD, University of Mississippi School of Pharmacy, Buddy Ogletree, PharmD, Telligen and Jenni Grantham, PharmD, Magnolia.

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 April 2025, the total beneficiary count was about 705,097 or roughly 24% of the Mississippi population has Medicaid coverage.

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 forms 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. Mrs. Kirby stated the committee's recommendation and net cost are both considered to provide the best clinical and cost-effective therapy for Mississippi. 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 15.4 million lives and a total drug spend of over $20 billion per year. These 15 states' pooled lives result in better supplemental rebate offers and more savings to 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 and pharmaceutical industry designees will have 3 minutes per group or per drug to speak. MedImpact will strictly call on registered speakers and then enforce the 3 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 announce the recommendation, motions, and the names of Committee members making a motion, and that the motions will be by hand or voice. She stated that committee members votes and MedImpact's recommendation regarding the preferred/non-preferred status of any drug will go to the Medicaid Executive Director, Cindy

Bradshaw for final approval. She announced that the meeting minutes from this meeting will be posted to the DOM website (www.medicaid.ms.gov) no later than Wednesday, June 11, 2025. She also stated that implementation for PDL changes discussed today would take effect Tuesday, July 1, 2025.
Public notice will be given 30 days prior to going live with the new PDL, so notification for the July 1st PDL will be posted on our website no later than June 1st, 2025.

Mrs. Kirby stated Public Notice about the PDL decisions will be posted on the DOM website 30 days prior to the go-live date and no later than Monday, June 1, 2025

IV. Approval of the February 18, 2025, Meeting Minutes and Decisions

Mrs. Wilbanks asked for additions or corrections to the minutes from the February 18, 2025, meeting. There were no additions or corrections. They were approved as distributed.

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

Dr. Virgilio presented the Preferred Drug List (PDL) Compliance/Generic Percent Report for Q4 2024 = 97.74% and for Q1 2025 = 97.85%

VI. Public Comments

1. Taha Khan from Vertex Pharmaceuticals spoke in favor of Alyftrek

2. Candice Zizilas DNP, FNP, MHA spoke as an advocate for Neffy

VII. New Drug/New Generic Reviews

MedImpact reoriented the committee member to the organization of the financial information provided in the confidential Red Binders

1. **ANTICOAGULANTS (Oral): rivaroxaban**
   MedImpact recommended this agent be placed as Non-Preferred. Dr. Minor moved to accept, Dr. Hartness seconded, votes were taken and the motion adopted. The approved category details are provided in the table below with the changes highlighted in yellow.

ANTICOAGULANTS	
ORAL	
ELIQUIS (apixaban)	dabigatran
JANTOVEN (warfarin)	PRADAXA (dabigatran) pellet pack
PRADAXA (dabigatran) capsule	rivaroxaban
warfarin	SAVAYSA (edoxaban)
XARELTO (rivaroxaban)	

2. **CYSTIC FIBROSIS AGENTS: Alyftrek**(vanzacaftor/tezacaftor/deutivacaftor) MedImpact recommended this agent be placed as Non-Preferred. Dr. Hartness moved to accept, Dr. Minor seconded, votes were taken and the motion adopted. The approved category details are provided in the table below with the changes highlighted in yellow.

CYSTIC FIBROSIS AGENTS	
PULMOZYME (dornase alfa)	ALYFTREK (vanzacaftor/tezacaftor/deutivacaftor)
tobramycin (generic TOBI)	BETHKIS (tobramycin)
	BRONCHITOL (mannitol)
	CAYSTON (aztreonam)
	colistimethate
	COLY-MYCIN M (colistin)
	KALYDECO (ivacaftor)
	KITABIS (tobramycin)
	ORKAMBI (lumacaftor/ivacaftor)
	SYMDEKO (tezacaftor/ivacaftor)
	TOBI (tobramycin)
	TOBI PODHALER (tobramycin)
	tobramycin (generic BETHKIS & KITABIS)
	TRIKAFTA (elexacaftor/tezacaftor/ivacaftor)

3. **CYTOKINE & CAM ANTAGONISTS:**

   Otulfi (ustekinumab-aauz)

   Pyzchiva (ustekinumab-ttwe)

   Yesintek (ustekinumab-kfce)

   Idacio (adalimumab-aacf)

   MedImpact recommended these agents be placed as Non-Preferred. Dr. Minor moved to accept, Dr. Chaney seconded, votes were taken and the motion adopted. The approved category details are provided in the table below with the changes highlighted in yellow.

CYTOKINE & CAM ANTAGONISTS	
ACTEMRA (tocilizumab) syringe, vial	ABRILADA (adalimumab-afzb)
AVSOLA (infliximab-axxq)	ACTEMRA ACTPEN (tocilizumab)
ENBREL (etanercept)	IDACIO (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)
	OMVOH (mirikizumab-mrkz)
	ORENCIA (abatacept)
	OTREXUP (methotrexate)
	OTULFI (ustekinumab-aauz)
	PYZCHIVA (ustekinumab-ttwe
	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)
	TREMFYA (guselkumab)
	TREXALL (methotrexate)
	TYENNE Autoinjector (tocilizumab-aazg)
	XATMEP (methotrexate)
	XELJANZ (tofacitinib) solution
	XELJANZ XR (tofacitinib)
	YESINTEK (ustekinumab-kfce)
	YUFLYMA (adalimumab-aaty)
	YUSIMRY (adalimumab-aqvh)
	ZYMFENTRA (infliximab-dyyb)

4. **FACTOR DEFICIENCY PRODUCTS (OTHER HEMOPHILIA PRODUCTS):**

Alhemo (concizumab-mtci)

Corifact (Factor XIII)

MedImpact recommended these agents be placed as Non-Preferred. Dr. Hartness moved to accept, Dr. Chaney seconded, votes were taken and the motion adopted. The approved category details are provided in the table below with the changes highlighted in yellow.

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

5. **FIBROMYALGIA/NEUROPATHIC PAIN AGENTS:** Gabarone (gabapentin)

   MedImpact recommended these agents be placed as Non-Preferred. Dr. Minor moved to accept, Dr. Gilchrist seconded, votes were taken and the motion adopted. A robust clinical discussion was made amongst the members. The approved category details are provided in the table below with the changes highlighted in yellow.

FIBROMYALGIA/NEUROPATHIC PAIN AGENTS	
duloxetine (generic CYMBALTA)	CYMBALTA (duloxetine)
gabapentin	DIRZALMA SPRINKLE (duloxetine)
pregabalin	duloxetine 40 mg DR capsules (generic IRENKA)
SAVELLA (milnacipran)	gabapentin ER
	GABARONE (gabapentin)
	GRALISE (gabapentin)
	HORIZANT (gabapentin enacarbil)
	LYRICA, LYRICA CR (pregabalin)
	NEURONTIN (gabapentin)
	pregabalin ER

6. **Irritable Bowel Syndrome/Short Bowel Syndrome Agents/Selected Agents (Constipation):** prucalopride

   MedImpact recommended these agents be placed as Non-Preferred. Dr. Hartness moved to accept, Dr. Minor seconded, votes were taken and the motion adopted. The approved category details are provided in the table below with the changes highlighted in yellow.

IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED AGENTS	
IRRITABLE BOWEL SYNDROME CONSTIPATION	
LINZESS (linaclotide)	AMITIZA (lubiprostone)
lubiprostone	IBSRELA (tenapanor)
TRULANCE (plecanatide)	MOTEGRITY (prucalopride)
	MOVANTIK (naloxegol)
	prucalopride
	RELISTOR (methylnaltrexone)
	SYMPROIC (naldemedine)

7. **MISCELLANEOUS BRAND/GENERIC (EPINEPHRINE):** Neffy (epinephrine)

   MedImpact recommended these agents be placed as Non-Preferred. Dr.

Minor moved to accept, Dr. Hartness seconded, votes were taken and the motion adopted. The approved category details are provided in the table below with the changes highlighted in yellow.

MISCELLANEOUS BRAND/GENERIC	
EPINEPHRINE	
epinephrine (Mylan)	AUVI-Q (epinephrine)
	epinephrine (all other manufacturers)
	EPIPEN (epinephrine)
	EPIPEN JR (epinephrine)
	NEFFY (epinephrine)

8. **MISCELLANEOUS BRAND/GENERIC (MISCELLANEOUS):**

Crenessity (crinecerfont)

MedImpact recommended this agent be placed as Non-Preferred. Dr. Hartness moved to accept, Dr. Chaney seconded, votes were taken and the motion adopted. The approved category details are provided in the table below with the changes highlighted in yellow.

Tryngolza (olezarsen)

MedImpact recommended this agent be placed as Non-Preferred. Dr. Hartness moved to accept, Dr. Minor seconded, votes were taken and the motion adopted. The approved category details are provided in the table below with the changes highlighted in yellow.

MISCELLANEOUS BRAND/GENERIC	
MISCELLANEOUS	
alprazolam	alprazolam ER
hydroxyzine HCL	CAMZYOS (mavacamten)
hydroxyzine pamoate	CRENESSITY (crinecerfont)
megestrol	EVRYSDI (risdiplam)
REVLIMID (lenalidomide)	KORLYM (mifepristone)
	lenalidomide
	TRYNGOLZA (olezarsen)
	VERQUVO (vericiguat)
	VISTARIL (hydroxyzine pamoate)
	XANAX, XANAX XR (alprazolam)

9. **Select Contraceptives (Oral Contraceptives):**

Xarah FE (Ethinyl estradiol and norethindrone acetate)

Valtya (Ethinyl estradiol and ethynodiol diacetate)

Feirza (Ethinyl estradiol and norethindrone acetate)

MedImpact recommended this agents be placed as Preferred. Dr. Minor moved to accept, Dr. Chaney seconded, votes were taken and the motion adopted. The medications are not listed below on the table since they were recommended for Preferred status

SELECT CONTRACEPTIVE PRODUCTS	
ORAL CONTRACEPTIVES	
All oral contraceptives are preferred except for those specifically indicated as non-preferred.	AMETHIA (levonorgestrel/ethinyl estradiol)
	AMETHYST (levonorgestrel/ethinyl estradiol)
	BALCOLTRA (levonorgestrel/ethinyl estradiol)
	BEYAZ (drospirenone/ethinyl estradiol/levomefolate)
	CAMRESE (levonorgestrel/ethinyl estradiol)
	CAMRESE LO (levonorgestrel/ethinyl estradiol)
	JOLESSA (levonorgestrel/ethinyl estradiol)
	LO LOESTRIN FE (norethindrone/ethinyl estradiol/iron)
	LOESTRIN (norethindrone/ethinyl estradiol)
	LOESTRIN FE (norethindrone/ethinyl estradiol/iron)
	MINZOYA (levonorgestrel/ethinyl estradiol/iron)
	NATAZIA (estradiol valerate/dienogest)
	NEXTSTELLIS (drospirenone/estetrol)
	OCELLA (ethinyl estradiol/drospirenone)
	SAFYRAL (drospirenone/ethinyl estradiol/levomefolate)
	SIMPESSE (levonorgestrel/ethinyl estradiol)
	TAYTULLA (norethindrone/ethinyl estradiol/iron)
	TYDEMY (drospirenone/ethinyl estradiol/levomefolate)
	YASMIN (ethinyl estradiol/drospirenone)
	YAZ (ethinyl estradiol/drospirenone)

X. Other Business

Ms. Wilbanks announced that on April 10, 2025, The University of Mississippi School of Pharmacy recognized Terri Kirby as the Distinguish Pharmacy Alumni of the Year. Dr. Bizack announced that a more comprehensive review of the Selective Contraceptive Products, Oral Contraceptive would be conducted to further categorize them into different types available for members.

IX. Division of Medicaid Update

Mrs. Kirby announced the CMMI group, at CMS approved the Cell Gene therapy access model application last month. A state plan amendment is at CMS now to pay for select drugs outside of in-patient hospital DRG rates, such as the Cell Gene therapy drugs

Two Train-the-Trainer events were held at the Mississippi Division of Medicaid in April. Educators from Novo-Nordisk and Mississippi Care Managers from Molina, Edmond and Magnolia meet to enhance care of patients on GLP-1 inhibitors. Feedback was received from the Care Managers and we will continue to work with them to enhance the care of these patients over time. Work is continuing with onboarding TruCare who will start in July while UnitedHealthcare will be transitioning off. A robust clinical and logistical conversation ensued.

X. Upcoming 2025 Meeting Dates

a. Tuesday August 12, 2025
b. Tuesday, October 21, 2025

XI. Adjournment

The meeting adjourned at 12:09 PM