MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting
February 18, 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
Geri Lee Weiland, MD

Division of Medicaid Staff Present:
Terri Kirby, BSPharm, RPh, CPM
Dennis R. Smith, BSPharm, RPh
Anish Patel, PharmD
Amy Ly-Ha, PharmD
Catherine Brett, MD, MPH, FACPM, Clinical Medical Director
Daneel Konnar, Legislative and External Affairs

Other Contract Staff Present:
Tricia Banks, PharmD, Gainwell
Jenni Grantham, PharmD, Magnolia
Heather Odem, PharmD, UHC

MedImpact Staff Present:
Dean Beuglass, BSPharm
Dan Inboden, PharmD, BCPS
Chris Virgilio, PharmD, BCPS

Committee Members Not Present:
Wilma Wilbanks, Rph, Chair
S. Caleb Williamson, PharmD
Kim Rodgers, RPh

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 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; Dr. Heather Odem from UHC; Dr. Jenni Grantham from Magnolia; and Mr Daneel Konnar from DOM.

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 January 2025, the total beneficiary count was about 709,724 or roughly 25% our population Mississippi with 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. 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. 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 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 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 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 Thursday, March 20, 2025. She also stated that implementation for PDL changes discussed today would take effect Tuesday, April 1, 2025. Mrs. Kirby stated the committee's recommendation and net cost are both considered to provide the best clinical and cost effective therapy for Mississippi. 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, March 1, 2025.

IV. Approval of the October 22, 2024, Meeting Minutes and Decisions

Dr. Minor asked for additional time for the committee to review the minutes from the October 22, 2024, meeting. Dr. Weiland motioned to review and vote via email, Dr. Turman seconded, votes were taken and the motion was adopted. After reviewing the minutes via email, Dr. Hartness motioned to accept the minutes from the October 22, 2024, meeting. Dr. Turman seconded, votes were taken and the motion adopted. There were no additions or corrections.

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

Dr. Inbohen explained the Preferred Drug List (PDL) Compliance/Generic Percent Report was not available this quarter due to a data project with Gainwell technology. A total of two quarters will be reported in the May 2025 meeting.

VI. Public Comments

1. Tracey Maravilla from Acendia spoke in favor of Yorvipath.
2. Jonathon Jones from Bristol Myers Squibb spoke in favor of Cobenfy.
3. Tara Kochler from Pfizer spoke in favor of Hympavzi.
4. Janay Bankhead and 8-year daughter Jolie, a food allergy advocate, spoke in favor of 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. ANDROGENIC AGENTS-UNDECATREX

This agent was mistakenly removed from the second draft of the P+T agenda but still needed review. MedImpact recommended this agent be placed as Non-Preferred. Dr. Hartness moved to accept, Dr. Weiland

seconded, votes were taken and the motion adopted. The approved category details are provided in the table below with the changes highlighted in yellow.

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

2. ANGIOTENSIN MODULATORS ARB COMBINATIONS-SACUBITRIL-VALSARTAN

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

ARB COMBINATIONS	
Preferred	**Non-Preferred**
ENTRESTO (valsartan/sacubitril) tablet DUR+	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

3. ANTICONVULSANTS (ADJUVANTS) -OXCARBAZEPINE ER TABLET

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

ANTICONVULSANTS	
ADJUVANTS	
Preferred	**Non-Preferred**
carbamazepine	APTIOM (eslicarbazepine acetate)
carbamazepine ER 12-hour capsule	BANZEL (rufinamide)
DEPAKOTE ER (divalproex)	BRIVIACT (brivaracetam)
DEPAKOTE SPRINKLE (divalproex)	carbamazepine ER 12-hour tablet

ADJUVANTS (*continued*)	
Preferred	**Non-Preferred**
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
	oxcarbazepine ER
	OXTELLAR XR (oxcarbazepine)
	QUDEXY XR (topiramate)
	ROWEEPRA (levetiracetam)
	rufinamide
	SABRIL (vigabatrin)
	SPRITAM (levetiracetam)
	SUBVENITE (lamotrigine)
	SUBVENITE (lamotrigine) blue, green, orange dose pack
	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)

4. ANTIPARKINSONS AGENTS (INJECTABLE) – VYALEV

MedImpact recommended this agent be placed as Non-Preferred. A robust clinical and financial discussion followed. Dr. Turman moved to accept, Dr. Gilchrist seconded, votes were taken and the motion adopted. The approved category details are provided in the table below with the changes highlighted in yellow.

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

5. ANTIPSYCHOTICS, INJECTABLE – EZOFRI

MedImpact recommended this agent be placed as Non-Preferred. A robust clinical and financial discussion followed. Dr. Weiland 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.

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

6. ANTIPSYCHOTICS, ORAL – COBENFY and OPIZA FILM

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

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

7. ATOPIC DERMATITIS – EBGLYSS

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

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

8. BRONCODILATORS, BETA AGONIST (INHALATION SOLUTION) FORMOTERAOL FUMARATE

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

BRONCHODILATORS, BETA AGONISTS	
INHALATION SOLUTION DUR+	
Preferred	**Non-Preferred**
albuterol	arformoterol
	BROVANA (arformoterol)
	formoterol, formoterol fumarate
	levalbuterol
	PERFOROMIST (formoterol)

9. CALCIUM CHANNEL BLOCKERS (SHORT ACTING) – NIMODIPINE SOLUTION

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

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

10. CYTOKINE & CAM ANTAGONIST – NEMLUVIO, TREMFYA, YUFLYMA CF

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.

CYTOKINE & CAM ANTAGONISTS	
Preferred	**Non-Preferred**
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)
	NEMLUVIO (nemolizumab-ilto)
	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)
	TREMFYA (guselkumab)
	TREXALL (methotrexate)
	TYENNE Autoinjector (tocilizumab-aazg)
	ustekinumab-kfce[NR]
	XATMEP (methotrexate)
	XELJANZ (tofacitinib) solution
	XELJANZ XR (tofacitinib)
	YUFLYMA (adalimumab-aaty)
	YUSIMRY (adalimumab-aqvh)
	ZYMFENTRA (infliximab-dyyb)

11. FACTOR DEFICIENCY PRODUCTS (OTHER HEMOPHILIA PRODUCTS) - HYMPAVIZI

MedImpact recommended this agent be placed as Non-Preferred. A robust clinical and financial discussion followed. Dr. Weiland 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	
Preferred	**Non-Preferred**
COAGADEX (factor X)	ALHEMO (concizumab-mtci)
FIBRYGA (fibrinogen)	CORIFACT (factor XIII)[NR]
HEMLIBRA (emicizumab-kxwh) [DUR+]	HYMPAVZI (marstacimab-hncq)
RIASTAP (fibrinogen)	NOVOSEVEN RT (factor VII)
	SEVENFACT (factor VII)
	TRETTEN (factor XIII)

12. HYPOGLYCEMICS (DPP4 AND COMBINATIONS) - ZITUVIMET, ZITUVIMET XR

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

HYPOGLYCEMICS, DPP4s AND COMBINATIONS	
Preferred	**Non-Preferred**
JANUMET (sitagliptin/metformin)	alogliptin
JANUMET XR (sitagliptin/metformin)	alogliptin/metformin
JANUVIA (sitagliptin)	JENTADUETO XR (linagliptin/metformin)
JENTADUETO (linagliptin/metformin)	KAZANO (alogliptin/metformin)
TRADJENTA (linagliptin)	KOMBIGLYZE XR (saxagliptin/metformin)
	NESINA (alogliptin)
	ONGLYZA (saxagliptin)
	OSENI (alogliptin/pioglitazone)
	saxagliptin
	saxagliptin/metformin ER
	sitagliptin
	sitagliptin/metformin
	ZITUVIMET (sitagliptin/metformin)
	ZITUVIMET XR (sitagliptin/metformin)
	ZITUVIO (sitagliptin)

13. HYPOGLYCEMICS (INCRETIN MIMETICS/ENHANCERS) - EXENATIDE

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

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	
Preferred	**Non-Preferred**
BYETTA (exenatide)	BYDUREON (exenatide)
TRULICITY (dulaglutide)	exenatide
VICTOZA (liraglutide)	liraglutide

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS (continued)	
Preferred	**Non-Preferred**
	MOUNJARO (tirzepatide)
	OZEMPIC (semaglutide)
	RYBELSUS (semaglutide)
	SOLIQUA (insulin glargine/lixisenatide)
	SYMLINPEN (pramlintide)
	XULTOPHY (insulin degludec/liraglutide)

14. MISCELLANEOUS BRAND/GENERIC (EPINEPHRINE) - NEFFY

MedImpact recommended this agent be placed as Non-Preferred. A robust clinical and financial discussion followed. Dr. Weiland moved to table the vote until a recent contract offer can be evaluated, Dr. Minor seconded, votes were taken and the motion adopted. The agent will be reviewed in the next May 2025 P+T committee meeting.

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

15. MULTIPLE SCLEROSIS AGENTS - OCREVUS ZUNOVO

MedImpact recommended this agent be placed as Non-Preferred. Dr. Weiland 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.

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)
	OCREVUS ZUNOVO (ocrelizumab/hyaluronidase-ocsq)
	PLEGRIDY (peginterferon beta-1a)
	PONVORY (ponesimod)
	TASCENSO ODT (fingolimod)
	TECFIDERA (dimethyl fumarate)
	VUMERITY (diroximel fumarate)
	ZEPOSIA (ozanimod)

16. MUSCULAR DYSTROPHY AGENTS - DUVYZAT

MedImpact recommended this agen 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.

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

17. NSAIDS (NON-SELECTIVE) - DOLOBID

MedImpact recommended this agent be placed as Non-Preferred. A robust clinical and financial discussion followed. Dr. Gilchrist 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.

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

18. OPIATE DEPENDENCE TREATMENTS (DEPENDENCE) - LOFEXIDINE

MedImpact recommended this agent be placed as Non-Preferred. Dr. Weiland 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.

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

19. PARATHYROID AGENTS - YORIPATH

MedImpact recommended this agent be placed as Non-Preferred. Dr. Weiland 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.

PARATHYROID AGENTS	
Preferred	**Non-Preferred**
calcitriol	doxercalciferol
cinacalcet	RAYALDEE (calcifediol)
ergocalciferol	ROCALTROL (calcitriol)
paricalcitol	SENSIPAR (cinacalcet)
ZEMPLAR (paricalcitol)	YORVIPATH (palopegteriparatide)

20. SELECT CONTRACEPTIVE PRODUCTS (ORAL CONTRACEPTIVES) – FEMLYV ODT

MedImpact recommended this agent be placed as Preferred. Dr. Weiland moved to accept, Dr. Chaney seconded, votes were taken and the motion adopted. The medication is not listed below on the table since it was recommended for Preferred status.

SELECT CONTRACEPTIVE PRODUCTS	
ORAL CONTRACEPTIVES DUR+	
All 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)
	FEMLYV (norethindrone acetate/ethinyl estradiol)NR
	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)

21. STIMULANTS AND RELATED AGENTS (NON-STIMULANTS) – ONYDA XR

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

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

IX. Division of Medicaid Update

Mrs. Kirby provided an update on former Mississippi Executive Director, Drew Snyder, was recently appointed Director of Medicaid and CHIP services. The PDL document was reformatted by MedImpact and Anish Patel from the Division of Medicaid, which makes the document easier to read and significantly shortened the number of pages.
Mrs. Kirby also updated the committee about a partnership with Division of Medicaid and Novo-Nordisk which will help educate patients and care managers to target patients started on GLP-1 medications. The method will be the “Train-the-Trainer” model and will focus on medications, diet, changing behavior and family education. These agents have been proven to decrease overall medical costs and these resources will maximize their impact. Dr. Weiland wanted to know what Diagnosis the Care Managers would be looking for to identify these patients. This information can be shared with clinicians, so they can accurately code and maximize this new service.

X. Upcoming 2025 Meeting Dates

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

XI. Adjournment

The meeting adjourned at 12:02 PM