MISSISSIPPI DIVISION OF MEDICAID
PHARMACY & THERAPEUTICS COMMITTEE MEETING
TUESDAY, AUGUST 12, 2025
10:00 AM TO 2:00 PM
TABLE 100, FLOWOOD, MS
LIVE-STREAMED
MEETING MINUTES

Committee Members Present:

Dereck Davis, MD
Teresa Moll, MD
Brad Gilchrist, PharmD
Louise Turman, PharmD
Geri Lee Weiland, MD
Wilma J. Wilbanks, RPh
Deborah Minor, PharmD
D. Stanley Hartness, MD
Karen Maltby, MD
Pat Chaney, MD

Committee Members Not Present:

Kim Rodgers, BSPharm, RPh
S. Caleb Williamson, PharmD

Other Contract Staff Present:

Tricia Banks, PharmD, Gainwell
Lew Anne Snow, RN, Gainwell
Eric Pittman, PharmD, PhD, University of Mississippi School of Pharmacy
Buddy Olgetree, PharmD, Telligen
Jenni Grantham, PharmD, Magnolia

Division of Medicaid Staff Present:

Dennis Smith, BSPharm, RPh
Amy Ly-Ha, PharmD

MedImpact Staff Present:

Laureen Biczak, DO, FIDSA
Chris Virgilio, PharmD, BCPS

Attendance Chart

Committee Member	Aug 2023	Oct 2023	Feb 2024	May 2024	Aug 2024	Oct 2024	Feb 2025	May 2025	Aug 2025
Chaney	-	-	-	-		X	X	X	X
Gilchrist	X	X	X		X	X	X	X	X
Davis									X
Hartness	X	X	X	X	X		X	X	X
Maltby	X	X		X	X	X	X	X	X
Minor	X	X	X	X	X	X	X	X	X
Moll									X
Rodgers	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	X
Williamson	X		X						

I. Call to Order

Wilma J. Wilbanks, RPh, Chair, called the meeting to order at 10:10 AM CST.

II. Welcome and Introductions

Mr. Dennis Smith, RPh, a Pharmacist with the Mississippi Division of Medicaid (DOM) welcomed the committee and all guests to the August 12, 2025 Mississippi Medicaid Pharmacy & Therapeutics (P&T) Committee meeting.

Mr. Smith introduced himself and instructed each party seated at the table to introduce themselves and provide a brief statement about their professional credentials and affiliations.

Mr. Smith had DOM vendors in the audience introduce themselves, including, Eric Pittman, PharmD, PhD, University of Mississippi School of Pharmacy, Tricia Banks PharmD from Gainwell, Lew Anne Snow, RN from Gainwell, Buddy Ogletree, PharmD, Telligen and Jenni Grantham, PharmD, Magnolia. No one was present from TrueCare.

Mr. Smith thanked the members for their participation and service on the committee. He 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 June, our total member count was 702,143, or roughly 24% of the Mississippi population that has Medicaid coverage.

III. Administrative Matters

Dennis Smith, RPh, reminded all the 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. He reminded the members that the travel forms at their seats in the blue folders should be completed and left at the seat after the meeting.

Additionally, Mr. Smith instructed members to complete the new contact form, conflict of interest form, and the W9 form before leaving. He stated that there is wireless internet available in the room and provided the password. Pursuant, the conflict-of-interest form can be accessed by the public and reviewed situations that would a true conflict of interest.

- A paid speaker by a pharmaceutical manufacturer for a particular drug; and if that be the case, then said person is not allowed to participate in committee discussions about the drug or participate in voting for the drug in question.
- Any perceived conflict of interest, for example, participation in drug studies involving a particular drug or drug class, then said person is not allowed to participate in committee discussions about the drug or participate in voting for the drug in question.

Pricing and rebate information are found on the cost sheets which are available in the red folders. Keep in mind that all information contained within the red is deemed confidential by CMS under US Code 1396. The contents therein is for use only during the meeting and all attendees were instructed to leave the red folders on the table at the end of the meeting.

The wireless network availability in the room was reviewed along with the username and password.

Mr. Smith reviewed the purpose and process of the P&T Committee along with a brief overview of how the P&T Committee works in an advisory capacity and that DOM is responsible for final decisions related to the PDL. Mr. Smith stated the committee's recommendation and net cost are both considered to provide the best clinical and cost-effective therapy for Mississippi.

Mr. Smith 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. Mr. Smith stated that the P&T Committee must conform to the Public Meetings Act.

Mr. Smith stated that DOM aggressively pursues supplemental rebates. He 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 13 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.

Mr. Smith reminded guests of the P&T Committee timeline and procedures. He 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. He stated that approximately 2-3 weeks prior to the meeting, Committee members receive Therapeutic Class Reviews (TCR's) electronically from MedImpact.

Mr. Smith noted that prior to the class reviews in today's meeting, there will be a public comment period. He explained that during this time, advocacy groups and pharmaceutical industry designee 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. The break protocol was reviewed with the attendees as it pertains to allowing other attendees to replace those that have already been presented. All those leaving during the designated break were instructed to sign out.

Mr. Smith reviewed the voting procedures and reminded the Committee that, in accordance with the Mississippi Open Meetings Act, the minutes reflect each person's vote. He requested that the Chair announce the recommendations, motions, and the names of Committee members making a motion, and that the motions will be by hand or voice. He 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. He announced that the meeting minutes from this meeting will be posted to the DOM website (www.medicaid.ms.gov) no later than Thursday, September 11, 2025. He also stated that implementation for PDL changes discussed today would take effect Wednesday, October 1, 2025.

Public notice will be given 30 days prior to going live with the new PDL, so notification for the October 2025 PDL will be posted on our website no later than Monday, September 1, 2025.

Mr. Smith 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

Mr. Smith acknowledged Dr. D. Stanley Hartness, MD as one of this years inductees into the UMMC Hall of Fame.

The P&T committee meeting was then turned over to the committee chair, Ms. Wilma J. Wilbanks, RPh

IV. Approval of May 13, 2025, Meeting Minutes and Decisions

Ms. Wilbanks asked for acceptance and approval of any additions or corrections to the minutes of the May 13, 2025, meeting. There were no additions or corrections to the minutes. The minutes were approved as previously electronically distributed.

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

Dr. Virgilio presented the Preferred Drug List (PDL) Compliance/Generic Percent Report for Q2 2025 = 98.14%.
The committee requested the full details with the breakout by drug class be included in the next meeting.

VI. Public Comments

1. Desola Davis, of Gilead Sciences, spoke in favor of Yeztugo

2. Tenicia Talley, Associate Director of Medical Value and Outcomes at Sanofi, spoke in favor of Qfitlia

VII. New Drug/New Generic Reviews

MedImpact reoriented the committee member to the organization of the financial information provided in the confidential and proprietary red folders. The cost analysis provides a high-level overview of the key differences between the drugs to make available without prior authorization or drugs that should be used either second line or after a safety check for prior authorization.

Ms. Wilbanks clarified how the committee addresses cost in a tabular format opposed to disclosing actual monetary costs associated with a particular drug.

a. **Alzheimer's Agents, Cholinesterase Inhibitors:** Zunveyl (benzgalantamine)
   i. **Medimpact Recommendation:** Agent to be placed on non-preferred
   ii. **Motion to Accept:** Dr. Weiland
   iii. **Motion Seconded:** Dr. Hartness
   iv. **Discussion:** None
   v. Votes were taken and the motion carries, and the recommendation is adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

ALZHEIMER'S AGENTS DUR+	
PREFERRED AGENTS	NON-PREFERRED AGENTS
CHOLINESTERASE INHIBITORS	
donepezil 5 mg, 10 mg ODT, tablets	ADLARITY (donepezil)
galantamine	ARICEPT (donepezil)
galantamine ER	donepezil 23 mg tablet
rivastigmine	EXELON (rivastigmine)
	Zunveyl (benzgalantamine gluconate)

b. **Antineoplastics – Selected Systemic Enzyme Inhibitors:** nilotinib - *Financial Review Only*
   b. **Medimpact Recommendation:** Agent to be placed on non-preferred
   c. **Motion to Accept:** Dr. Weiland
   d. **Motion Seconded:** Dr. Chaney
   e. **Discussion:** None
   f. Votes were taken and the motion carries, and the recommendation is adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

*ANTINEOPLASTICS SELECTED SYSTEMIC ENZYME INHIBITORS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
BOSULIF (bosutinib) tablet	AFINITOR (everolimus)
CAPRESLA (vandetanib)	AFINITOR DISPERZ (everolimus)
COMETRIQ (cabozantinib)	AKEEGA (niraparib/abiraterone)
COTELLIC (cobimetinib)	ALECENSA (alectinib)
everolimus	ALUNBRIG (brigatinib)

GILOTRIF (afatinib)	AUGTYRO (repotrectinib)
ICLUSIG (ponatinib)	AYVAKIT (avapritinib)
imatinib	BALVERSA (erdafitinib)
IMBRUVICA (ibrutinib)	BOSULIF (bosutinib) capsule
INLYTA (axitinib)	BRAFTOVI (encorafenib)
IRESSA (gefitinib)	BRUKINSA (zanubrutinib)
JAKAFI (ruxolitinib)	CABOMETYX (cabozantinib)
MEKINIST (trametinib)	CALQUENCE (acalabrutinib)
NEXAVAR (sorafenib)	COPIKTRA (duvelisib)
ROZLYTREK (entrectinib)	DANZITEN (nilotinib)
SPRYCEL (dasatinib)	dasatinib
STIVARGA (regorafenib)	DATROWAY (datopotomab deruxtecan-dlnk)[NR]
SUTENT (sunitinib)	DAURISMO (glasdegib)
TAFINLAR (dabrafenib)	ERIVEDGE (vismodegib)
TARCEVA (erlotinib)	ERLEADA (apalutamide)
TASIGNA (nilotinib)	erlotinib
TURALIO (pexidartinib)	FOTIVDA (tivozanib)
TYKERB (lapatinib)	FRUZAQIA (fruquintinib)
VOTRIENT (pazopanib)	GAVRETO (pralsetinib)
XALKORI (crizotinib)	gefitinib
XTANDI (enzalutamide)	GLEEVEC (imatinib)
ZELBORAF (vemurafenib)	IBRANCE (palbociclib)
ZYDELIG (idelalisib)	IDHIFA (enasidenib)
ZYKADIA (ceritinib)	IMKELDI (imatinib)
	INQOVI (decitabine/cedazuridine)
	INREBIC (fedratinib)
	ITOVEBI (inavolisib)
	IWILFIN (eflornithine)
	JAYPIRCA (pirtobrutinib)
	KISQALI (ribociclib)
	KISQALI-FEMARA CO-PACK (ribociclib/letrozole)
	KOSELUGO (selumetinib/vitamin E)
	KRAZATI (adagrasib)
	lapatinib
	LAZCLUZE (lazertinib)
	LENVIMA (lenvatinib)
	LOBRENA (lorlatinib)
	LUMAKRAS (sotorasib)
	LYNPARZA (olaparib)
	LYTGOBI (futibatinib)
	MEKTOVI (binimetinib)
	NERLYNX (neratinib)
	NUBEQA (darolutamide)
	nilotinib
	ODOMZO (sonidegib)
	OGSIVEO (nirogacestat)
	OJEMDA (tovorafenib)
	OJJAARA (momelotinib)
	ONUREG (azacitidine)
	ORGOVYX (relugolix)
	pazopanib
	PEMAZYRE (pemigatinib)
	PIQRAY (alpelisib)
	QINLOCK (ripretinib)
	RETEVMO (selpercatinib)
	REVUFORJ (revumenib)
	REZLIDHIA (olutasidenib)
	RUBRACA (rucaparib)
	RYDAPT (midostaurin)
	SCEMBLIX (asciminib)
	sorafenib
	sunitinib

	TABRECTA (capmatinib)
	TAGRISSO (osimertinib)
	TALZENNA (talazoparib)
	TAZVERIK (tazemetostat)
	TECENTRIQ HYBREZA (atezolizumab/hyaluronidase-tqjs)
	TEPMETKO (tepotinib)
	TIBSOVO (ivosidenib)
	TORPENZ (everolimus)
	TRUQAP (capivasertib)
	TUKYSA (tucatinib)
	VANFLYTA (quizartinib)
	VERZENIO (abemaciclib)
	VITRAKVI (larotrectinib)
	VIZIMPRO (dacomitinib)
	VONJO (pacritinib)
	VORANIGO (vorasidenib)
	WELIREG (belzutifan)
	XOSPATA (gilteritinib)
	XPOVIO (selinexor)
	ZEJULA (niraparib)

c. **Antiretrovirals, Capsid Inhibitors:** Yeztugo (lenacapavir)

a. **Medimpact Recommendation:** Agent to be placed on non-preferred

b. **Motion to Accept:** Dr. Weiland

c. **Motion Seconded:** Dr. Davis

d. **Discussion:** Yeztugo recommendation was accepted, and it would be revisited during the October 2025 P&T meeting

e. Votes were taken and the motion carries, and the recommendation is adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

ANTIRETROVIRALS DUR+	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
CAPSID INHIBITORS	
	SUNLENCA (lenacapavir)
	YEZTUGO (lenacapavir)

d. **Bone Resorption Suppression and Related Agents, Others:**

Jubbonti (denosumab-bbdz) - *Financial Review Only*

Osenvelt (denosumab-bmwo) - *Financial Review Only*

Stoboclo (denosumab-bmwo) - *Financial Review Only*

Wyost (denosumab-bbdz) - *Financial Review Only*

Bonsity (teriparatide) - *Financial Review Only*

a. **Medimpact Recommendation:** These agents to be placed on non-preferred

b. **Motion to Accept:** Dr. Weiland

c. **Motion Seconded:** Dr. Davis

d. **Discussion:** None

e. Votes were taken and the motion carries, and the recommendation is adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

BONE RESORPTION SUPPRESSION AND RELATED AGENTS DUR+	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
OTHERS	
FORTEO (teriparatide)	BONSITY (teriparatide)
raloxifene	calcitonin salmon
	EVENITY (romosozumab-aqqg)
	EVISTA (raloxifene)
	JUBBONTI (denosumab-bbdz)
	MIACALCIN (calcitonin salmon)
	OSENVELT (denosumab-bmwo)
	PROLIA (denosumab)
	teriparatide
	STOBOCLO (denoxumab-bmwo)
	TYMLOS (abaloparatide)
	WYOST (denosumab-bbdz)
	XGEVA (denosumab)

e. **<u>Colony Stimulating Factors:</u>** Ryzneuta (efbemalenograstim alfa-vuxw)

a. **Medimpact Recommendation:** Agent to be placed on non-preferred

b. **Motion to Accept:** Dr. Minor

c. **Motion Seconded:** Dr. Weiland

d. **Discussion:** None

e. Votes were taken and the motion carries, and the recommendation is adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

COLONY STIMULATING FACTORS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
FULPHILA (pegfilgrastim-jmdb)	FYLNETRA (pegfilgrastim-pbbk)
NEUPOGEN (filgrastim)	GRANIX (tbo-filgrastim)
	LEUKINE (sargramostim)
	NEULASTA, NEULASTA ONPRO (pegfilgrastim)

	NIVESTYM (filgrastim-aafi)
	NYVEPRIA (pegfilgrastim-apgf)
	RELEUKO (filgrastim-ayow)
	RYZNEUTA (efbemalenograstim alfa-vuxw)
	ROLVEDON (eflapegrastim-xnst)
	STIMUFEND (pegfilgrastim-fpgk)
	UDENYCA, UDENYCA ONBODY (pegfilgrastim-cbqv)
	ZARXIO (filgrastim-sndz)
	ZIEXTENZO (pegfilgrastim-bmez)

f. **Cytokine and CAM Antagonists:**

Leqselvi (deuruxolitinib)

a. **Medimpact Recommendation:** Agent to be placed on non-preferred

b. **Motion to Accept:** Dr. Minor

c. **Motion Seconded:** Dr. Turman

d. **Discussion:** None

e. Votes were taken and the motion carries, and the recommendation is adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

Imuldosa (ustekinumab-srlf) - *Financial Review Only*

a. **Medimpact Recommendation:** Agent to be placed on non-preferred

b. **Motion to Accept:** Dr. Turman

c. **Motion Seconded:** Dr. Hartness

d. **Discussion:** None

e. Votes were taken and the motion carries, and the recommendation is adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

CYTOKINE & CAM ANTAGONISTS DUR+	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
ACTEMRA (tocilizumab) syringe, vial	ABRILADA (adalimumab-afzb)
AVSOLA (infliximab-axxq)	ACTEMRA ACTPEN (tocilizumab)
ENBREL (etanercept)	adalimumab-aaty
HUMIRA (adalimumab)	adalimumab-adaz
KINERET (anakinra)	adalimumab-adbm
methotrexate	adalimumab-fkjp
OLUMIANT (baricitinib)	adalimumab-ryvk
ORENCIA CLICKJECT (abatacept)	AMJEVITA (adalimumab-atto)
ORENCIA VIAL (abatacept)	ARCALYST (rilonacept)

OTEZLA (apremilast)	BIMZELX (bimekizumab-bkzx)
RINVOQ (upadacitinib)	CIMZIA (certolizumab)
RINVOQ LQ (upadacitinib)	COSENTYX (secukinumab)
SIMPONI (golimumab)	CYLTEZO (adalimumab-adbm)
TALTZ (ixekizumab)	ENTYVIO (vedolizumab)
TYENNE Syringe, Vial (tocilizumab-aazg)	HADLIMA (adalimumab-bwwd)
XELJANZ (tofacitinib) tablet	HULIO (adalimumab-fkjp)
	HYRIMOZ (adalimumab-adaz)
	IDACIO (adalimumab-aacf)
	ILARIS (canakinumab)
	ILUMYA (tildrakizumab-asmn)
	IMULDOSA (ustekinumab-srlf)
	INFLECTRA (infliximab-dyyb)
	infliximab
	JYLAMVO (methotrexate)
	KEVZARA (sarilumab)
	LEQSELVI (deuruxolitinib)
	LITFULO (ritlecitinib)
	OMVOH (mirikizumab-mrkz)
	ORENCIA SYRINGE (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)

g. **<u>Factor Deficiency Products, Other Hemophilia Products:</u>** Qfitlia (fitusiran)

   a. **Medimpact Recommendation:** Agent to be placed on non-preferred

   b. **Motion to Accept:** Dr. Turman

   c. **Motion Seconded:** Dr. Hartness

   d. **Discussion:** Committee agreed with the recommendation; stated no real superiority

   e. Votes were taken and the motion carries, and the recommendation is

adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

FACTOR DEFICIENCY PRODUCTS DUR+	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
OTHER HEMOPHILIA PRODUCTS	
COAGADEX (factor X)	ALHEMO (concizumab-mtci)
FIBRYGA (fibrinogen)	CORIFACT (factor XIII)
HEMLIBRA (emicizumab-kxwh) DUR+	HYMPAVZI (marstacimab-hncq)
RIASTAP (fibrinogen)	NOVOSEVEN RT (factor VII)
	SEVENFACT (factor VII)
	TRETTEN (factor XIII)
	QFITLIA (fitusiran)

h. **Hereditary Angioedema Treatments:** Andembry (garadacimab-gxii)

a. **Medimpact Recommendation:** Agent to be placed on non-preferred
b. **Motion to Accept:** Dr. Weiland

c. **Motion Seconded:** Dr. Hartness

d. **Discussion:** None

e. Votes were taken and the motion carries, and the recommendation is adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

HEREDITARY ANGIOEDEMA TREATMENTS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
BERINERT (C1 esterase inhibitor)	ANDEMBRY (garadacimab-gxii)
icatibant	CINRYZE (C1 esterase inhibitor)
	FIRAZYR (icatibant)
	KALBITOR (ecallantide)
	ORLADEYO (berotralstat)
	RUCONEST (C1 esterase inhibitor)
	SAJAZIR (icatibant)
	TAKHZYRO (lanadelumab-flyo)

i. **Platelet Aggregation Inhibitors:** ticagrelor - *Financial Review Only*

a. **Medimpact Recommendation:** Agent to be placed on non-preferred

b. **Motion to Accept:** Dr. Minor

c. **Motion Seconded:** Dr. Weiland

d. **Discussion:** None

e. Votes were taken and the motion carries, and the recommendation is

adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

PLATELET AGGREGATION INHIBITORS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
aspirin/dipyridamole	EFFIENT (prasugrel)
BRILINTA (ticagrelor)	PLAVIX (clopidogrel)
cilostazol	ticagrelor
clopidogrel	
dipyridamole	
pentoxifylline	
prasugrel	

j. **Pulmonary Antihypertensive Agents, Prostacyclins:** Yutrepia (treprostinil)

a. **Medimpact Recommendation:** Agent to be placed on non-preferred

b. **Motion to Accept:** Dr. Minor

c. **Motion Seconded:** Dr. Hartness

d. **Discussion:** None

e. Votes were taken and the motion carries, and the recommendation is adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

PULMONARY ANTIHYPERTENSIVE AGENTS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
PROSTACYCLINS	
	ORENITRAM ER (treprostinil)
	ORENITRAM TITRATION PAK (treprostinil)
	TYVASO (treprostinil)
	VENTAVIS (iloprost)
	YUTREPIA (treprostinil)

k. **Select Contraceptives Products, Oral Contraceptives:**

Averi (ethinyl estradiol, desogestrel and iron) - *Financial Review Only*

Meleya (norethindrone) - *Financial Review Only*

Rosyrah (ethinyl estradiol and levonorgestrel) - *Financial Review Only*

a. **Medimpact Recommendation:** These agents to be placed on preferred

b. **Motion to Accept:** Dr. Turman

c. **Motion Seconded:** Dr. Weiland

d. **Discussion:** None

e. Votes were taken and the motion carries, and the recommendation is adopted. The approved category details are provided in the table below with changes highlighted in yellow (if applicable).

SELECT CONTRACEPTIVE PRODUCTS
NON-PREFERRED AGENTS
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)

VIII. Other Business

a. Reminder to sign for travel voucher which can be found in the blue folder.

IX. Division of Medicaid Update

a. Discussion of all pharmacy claims processed through a single PBA of Gainwell Technologies. If a member is Magnolia, True Care, or Molina, all pharmacy claims go through the same source. The PDL is identical and standardized, whether fee for service or managed.

b. True Care is now a Managed Care Organization under the Division of Medicaid and United Healthcare is no longer a plan under the Division of Medicaid.

c. True Care, Magnolia, and Molina are all CHIP providers.

d. Mississippi is now part of the CMS CMMI CGT Access Model for Gene Therapy Sickle Cell Disease.

e. CMS has granted rebate opt in for states to participate in. Mississippi is now one of thirty-three states and two territories to participate.

f. Mississippi has been awarded the CGT Access Mode Model Cooperative Agreement funding grant. This funding allows the Division of Medicaid the ability to assist members and their families. Special thanks given to Amy Ly-Ha who has been on the front line of the initiative.

X. Upcoming 2025 Meeting Dates

a. Tuesday, October 21, 2025

XI. Adjournment

a. The meeting was adjourned at 12:15 PM