



MISSISSIPPI DIVISION OF
MEDICAID

**MISSISSIPPI DIVISION OF MEDICAID
PHARMACY & THERAPEUTICS COMMITTEE MEETING
TUESDAY, OCTOBER 21, 2025
10:00 AM TO 3:00 PM
TABLE 100, FLOWOOD, MS
LIVE-STREAMED
MEETING MINUTES**

Committee Members Present:

Pat Chaney, MD
Dereck Davis, MD
Brad Gilchrist, PharmD
Karen Maltby, MD
Deborah Minor, PharmD
Teresa Moll, MD
Geri Lee Weiland, MD
Wilma J. Wilbanks, BSPHarm, RPh

Committee Members Not Present:

D. Stanley Hartness, MD
Kim Rodgers, BSPHarm, RPh
Louise Turman, PharmD
S. Caleb Williamson, PharmD

Division of Medicaid Staff Present:

Terri Kirby, BSPHarm, RPh
Amy Ly-Ha, PharmD
Dennis Smith, BSPHarm, RPh

MedImpact Staff Present:

Laureen Biczak, DO, FIDSA
Kevin Chang, PharmD, BCPS
Michael Cooley, PharmD, BCPS
Daniel Inboden, PharmD, MBA, BCPS

Other Contract Staff Present:

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

Attendance Chart

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

I. Call to Order

Wilma J. Wilbanks, RPh, Chair, called the meeting to order at 10:05 AM CDT.

II. Welcome and Introductions

Mrs. Terri Kirby, RPh, Pharmacy Director with the Mississippi Division of Medicaid (DOM) welcomed the committee and all guests to the October 21, 2025 Mississippi Medicaid Pharmacy & Therapeutics (P&T) Committee meeting.

Mrs. Kirby introduced herself and instructed each party seated at the table to introduce themselves and provide a brief statement about their professional credentials and affiliations.

Mrs. Kirby had DOM vendors in the audience introduce themselves.

Mrs. Kirby thanked the members for their participation and 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 September, the total beneficiary count was 700,382.

III. Administrative Matters

Mrs. Kirby 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. She reminded the members that the travel vouchers at their seats should be completed and left at the seat after the meeting.

Mrs. Kirby reminded members that the Cost sheets and other information 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 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 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.

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 will have 3 minutes per group to speak, and pharmaceutical industry designees will have 3 minutes 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 recommendations, 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 Thursday, November 20, 2025. The implementation for PDL changes discussed today would take effect Thursday, January 1, 2026.

Public notice will be given 30 days prior to going live with the new PDL, so notification for the January 2026 PDL will be posted on our website no later than Monday, December 1, 2025.

IV. Approval of August 12, 2025, Meeting Minutes

Mrs. Wilbanks asked for acceptance and approval of any additions or corrections to the minutes of the August 12, 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. Daniel Inboden presented the overall Preferred Drug List (PDL) Compliance/Generic Percent Report for Q3 2025 had a compliance rate of 98.11%. The full breakdown of each PDL drug class is included in the report. Dr. Inboden commented that the compliance rate is high except for some classes due to the nature of the disease states and clinical considerations of therapeutics selection, such as cystic fibrosis.

VI. Drug Class Announcements

Dr. Laureen Biczak presented information and discussion on Most Favored Nation (MFN) and Maximum Fair Price (MFP) and TrumpRx policy proposed by current administration.

VII. First Round of Extractions

i. MedImpact & DOM recommendations

Dr. Inboden commented on changes to first round of extraction.

ii. Committee member recommendations

Mrs. Wilbanks asked for additional extraction recommendations from the committee members and none were recommended.

VIII. Public Comments

Dr. Thomas Dobbs, an advocate from the University of Mississippi Medical Center presented information regarding lenacapavir. Committee members discussed the utilization and clinical application under current practice settings.

Mr. Brock Bizzell from United Therapeutics presented information regarding Tyvaso DPI.

Ms. Tayler-Frances Chapman from Luye Pharma presented information regarding Erzofri.

Mr. Joe Cirrincione from Incyte presented information regarding Opzelura.

Mr. Andrew Delgado from Bristol-Myers Squibb presented information regarding Cobenfy and Sotyktu.

Mr. Randy Ferreter from AstraZeneca presented information regarding Airsupra.

Ms. Karen Goolsby from Amgen presented information regarding Repatha, Evenity, and Tezspire.

Mr. Ryan Gregg from Collegium Pharmaceutical presented information regarding Jornay PM.

Mr. Cambridge Hampsher from Indivior presented information regarding Sublocade.

Mr. Tom Heard from Pfizer presented information regarding Nurtec and Ngenla.

Ms. Tamela Holland from Galderma presented information regarding Nemluvio.

Mr. Kirk Latibeaudiere from Teva Pharmaceuticals presented information regarding Selarsdi.

Ms. Elizabeth Lubelczyk from Eli Lilly and Company presented information regarding Zepbound and Ebglyss.

Mr. Jeff Martin from Biocryst Pharmaceuticals presented information regarding Orladeyo.

Mr. Jay Mehta from Axsome Therapeutics presented information regarding Symbravo, Auvelity, and Sunosi.

Dr. Tyler Menzies, an advocate from Hinds Behavioral Health presented information regarding Caplyta.

Mr. Brent Milovac from LEO Pharma presented information regarding Adbry and Anzupgo.

Ms. Tanya Nelson from Johnson & Johnson presented information regarding Caplyta.

Mr. Matthew Nguyen from AbbVie presented information regarding Vraylar.

Ms. Daphne Ni from Biogen presented information regarding Zurzuvae.

IX. Second Round of Extractions

Mrs. Wilbanks asked for additional extraction recommendations from the committee members and none were recommended.

X. Motion for All Non-Extracted Categories to be Approved as Proposed

Dr. Weiland moved to accept the recommendations, Dr. Davis seconded, votes were taken, and the motion was adopted.

1. Acne Agents

Under Acne Agents – Anti-Infectives subclass, MedImpact recommended moving erythromycin gel, solution to preferred. Under Acne Agents – Others/Combination Products subclass, MedImpact recommended moving clindamycin-benzoyl peroxide 1%-5% gel (without pump) to preferred.

ACNE AGENTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTI-INFECTIVES	
clindamycin gel (generic CLEOCIN-T)	azelaic acid
clindamycin lotion, medicated swab, solution	CLEOCIN T (clindamycin)
erythromycin gel, solution	CLINDACIN (clindamycin)
	CLINDAGEL (clindamycin)
	clindamycin foam
	clindamycin gel (generic CLINDAGEL)
	dapsone
	ERY (erythromycin)
	ERYGEL (erythromycin)
	EVOCLIN (clindamycin)
	KLARON (sulfacetamide)
	MORGIDOX (doxycycline)
	sulfacetamide sodium suspension
	WINLEVI (clascoterone) cream
OTHERS/COMBINATION PRODUCTS	
adapalene/benzoyl peroxide gel	ACANYA (benzoyl peroxide/clindamycin) gel
clindamycin/benzoyl peroxide 1%-5% gel	CABTREO (clindamycin/adapalene/benzoyl peroxide) gel
sodium sulfacetamide w/sulfur 8%-4%, 9%-4.25%, 10-5% suspension	CLEANSING WASH (sulfacetamide sodium/sulfur/urea) cleanser
	clindamycin phosphate/benzoyl peroxide 1.2%-2.5% gel
	clindamycin phosphate/tretinoin 1.2%-0.025% gel
	clindamycin/benzoyl peroxide 1%-5% gel
	clindamycin/benzoyl peroxide 1.2%-3.75% gel w/pump (generic ONEXTON)
	EPIDUO FORTE (adapalene/benzoyl peroxide) gel
	erythromycin/benzoyl peroxide gel
	NEUAC (benzoyl peroxide/clindamycin) cream, gel
	ONEXTON (benzoyl peroxide/clindamycin) gel
	sodium sulfacetamide w/sulfur 8%-4% cleanser
	sodium sulfacetamide w/sulfur 10%-2% cream

	sodium sulfacetamide w/sulfur 10%-5% cream, lotion
	SSS (sodium sulfacetamide/sulfur)10-5 cream, foam
	TWYNEO (benzoyl peroxide/tretinoin) cream
	ZIANA (clindamycin/tretinoin) gel
	ZMA CLEAR (sodium sulfacetamide/sulfur) suspension

2. Antibiotics (Miscellaneous)

Under Antibiotics (Miscellaneous) – Macrolides subclass, MedImpact recommended moving E.E.S. 200 Suspension to non-preferred. Under Antibiotics (Miscellaneous) – Oxazolidinones subclass, MedImpact recommended moving linezolid tablet to preferred.

ANTIBIOTICS (MISCELLANEOUS)	
PREFERRED AGENTS	NON-PREFERRED AGENTS
MACROLIDES	
azithromycin	E.E.S. (erythromycin ethylsuccinate) suspension
clarithromycin	ERYPED (erythromycin ethylsuccinate) suspension
clarithromycin ER	ERYTHROCIN (erythromycin stearate)
ERY-TAB (erythromycin)	ZITHROMAX (azithromycin)
erythromycin	
erythromycin ethylsuccinate	
OTHERS/COMBINATION PRODUCTS	
linezolid tablet	SIVEXTRO (tedizolid)
	ZYVOX (linezolid)

3. Antidepressants, Other

MedImpact recommended moving venlafaxine ER tablet to preferred.

ANTIDEPRESSANTS, OTHER	
PREFERRED AGENTS	NON-PREFERRED AGENTS

bupropion	AUVELITY (bupropion/dextromethorphan)
bupropion SR	desvenlafaxine ER
bupropion XL	DESYREL (trazodone)
mirtazapine	DRIZALMA SPRINKLE (duloxetine DR)
trazodone	EFFEXOR XR (venlafaxine)
TRINTELLIX (vortioxetine)	EMSAM (selegiline)
venlafaxine	EXXUA (gepirone hcl)
venlafaxine HCl ER	FETZIMA (levomilnacipran)
vilazodone	FORFIVO XL (bupropion)
	MARPLAN (isocarboxazid)
	NARDIL (phenelzine)
	nefazodone
	phenelzine
	PRISTIQ (desvenlafaxine)
	REMERON (mirtazapine)
	tranylcypromine
	Trazodone solution
	venlafaxine besylate ER
	VIIBRYD (vilazodone)
	WELLBUTRIN SR (bupropion)
	ZURZUVAE (zuranolone)

4. Antidepressants, SSRIs

MedImpact recommended moving fluoxetine solution to preferred.

ANTIDEPRESSANTS, SSRIs	
PREFERRED AGENTS	NON-PREFERRED AGENTS
citalopram solution, tablet	CELEXA (citalopram)
escitalopram	citalopram capsule
fluoxetine capsule, solution	escitalopram capsule
fluvoxamine	fluoxetine tablet
paroxetine tablet	fluoxetine DR capsule
paroxetine CR	fluvoxamine ER capsule
paroxetine ER	LEXAPRO (escitalopram)
sertraline tablet, solution	paroxetine suspension, capsule
	PAXIL (paroxetine)
	PAXIL CR (paroxetine)
	PROZAC (fluoxetine)
	sertraline capsule
	ZOLOFT (sertraline)

5. Antifungals (Topical)

Under Antifungals (Topical) – Antifungals subclass, MedImpact recommended moving tavaborole to preferred, miconazole/zinc oxide/petrolatum ointment to non-preferred, and Micotrin AP powder to non-preferred.

ANTIFUNGALS (TOPICAL)	
PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIFUNGALS	
ciclopirox cream, gel, solution, suspension	BENSAL HP (salicylic acid)
clotrimazole cream, solution ^{Rx & OTC}	CILODAN (ciclopirox)
econazole	ciclopirox shampoo
ketoconazole cream, shampoo	clotrimazole solution (NDC 50228-0502-61)
miconazole cream, powder, solution ^{OTC}	EXTINA (ketoconazole)
nystatin cream, ointment, powder	ketoconazole foam
terbinafine ^{OTC}	KETODAN (ketoconazole)
tolnaftate cream, solution ^{OTC}	LOPROX (ciclopirox)
tavaborole	luliconazole
	miconazole/zinc oxide/petrolatum ointment
	MICOTRIN AC (clotrimazole)
	MICOTRIN AP (miconazole nitrate powder)
	MYCOZYL AC (clotrimazole)
	MYCOZYL AP (miconazole)
	naftifine
	NAFTIN (naftifine)
	oxiconazole
	OXISTAT (oxiconazole)
	VOTRIZA-AL (clotrimazole)
	VUSION (miconazole/zinc oxide/petrolatum)

6. Antifungals (Vaginal)

MedImpact recommended moving 3-Day vaginal cream to preferred, and miconazole nitrate 3 kit to non-preferred.

ANTIFUNGALS (VAGINAL)	
PREFERRED AGENTS	NON-PREFERRED AGENTS
3-DAY VAGINAL CREAM (clotrimazole)	GYNAZOLE 1 (butoconazole)
clotrimazole cream ^{OTC}	miconazole 3 kit ^{OTC}
clotrimazole-3 cream	terconazole suppository
miconazole 1 ^{OTC}	
miconazole 3 combo pack ^{OTC} , cream ^{OTC} , suppository	
miconazole 7 ^{OTC}	
terconazole cream	

7. Antimigraine Agents, Acute Treatment

Under Antimigraine Agents, Acute Treatment – Injectables subclass, MedImpact recommended moving sumatriptan cartridge to non-preferred.

Under Antimigraine Agents, Acute Treatment – Nasal subclass, MedImpact recommended moving zolmitriptan spray preferred.

ANTIMIGRAINE AGENTS, ACUTE TREATMENT	
PREFERRED AGENTS	NON-PREFERRED AGENTS
INJECTABLES	
sumatriptan pen injector, vial	IMITREX (sumatriptan)
	sumatriptan cartridge
	ZEMBRACE SYMTOUCH (sumatriptan)
NASAL	
sumatriptan spray	IMITREX (sumatriptan)
zolmitriptan spray	TOSYMRA (sumatriptan)
	ZOMIG (zolmitriptan)

8. Antiparasitics (Topical)

Under Antiparasitics (Topical) – Pediculicides subclass, MedImpact recommended moving spinosad to preferred, and Natroba to non-preferred.

ANTIPARASITICS (TOPICAL)

PREFERRED AGENTS	NON-PREFERRED AGENTS
PEDICULICIDES	
permethrin 1% cream ^{OTC}	lindane
spinosad	NATROBA (spinosad)
VANALICE (piperonyl butoxide/pyrethrins)	malathion
	OVIDE (malathion)
	SKLICE (ivermectin)

9. Antiparkinson's Agents (Oral)

Under Antiparkinson's Agents (Oral) – Others subclass, MedImpact recommended moving carbidopa to non-preferred, and bromocriptine capsule to non-preferred.

ANTIPARKINSON'S AGENTS (ORAL)	
PREFERRED AGENTS	NON-PREFERRED AGENTS
OTHERS	
amantadine	carbidopa/levodopa/entacapone
bromocriptine tablet	bromocriptine capsule
carbidopa/levodopa ER	carbidopa
carbidopa/levodopa tablet	carbidopa/levodopa ODT
	CREXONT (carbidopa/levodopa)
	DHIVY (carbidopa/levodopa)
	DUOPA (carbidopa/levodopa)
	GOCOVRI (amantadine)
	INBRIJA (levodopa)
	LODOSYN (carbidopa)
	NOURIANZ (istradefylline)
	OSMOLEX ER (amantadine)
	RYTARY (carbidopa/levodopa)
	SINEMET (carbidopa/levodopa)
	STALEVO (carbidopa/levodopa/entacapone)

10. Beta Blockers, Antianginals & Sinus Node

Under Beta Blockers, Antianginals & Sinus Node – Antianginals subclass, MedImpact recommended moving ranolazine ER to preferred.

BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIANGINALS	
ranolazine ER	ASPRUZYO SPRINKLE (ranolazine)

11. Calcium Channel Blockers

Under Calcium Channel Blockers – Long-Acting subclass, MedImpact recommended moving Tiadylt ER to preferred.

CALCIUM CHANNEL BLOCKERS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
LONG-ACTING	
amlodipine	CARDIZEM CD (diltiazem)
CARTIA XT (diltiazem)	CARDIZEM LA (diltiazem)
diltiazem ER 24 HR	diltiazem ER 12 HR
diltiazem CD 24 HR	diltiazem LA 24 HR
diltiazem XR 24 HR	KATERZIA (amlodipine)
DILT-XR 24 HR (diltiazem)	levamlodipine
felodipine	MATZIM LA (diltiazem)
nifedipine ER	nisoldipine
TAZTIA XT (diltiazem)	NORVASC (amlodipine)
TIADYLt ER (diltiazem)	PROCARDIA XL (nifedipine)
verapamil ER	SULAR (nisoldipine)
verapamil SR	TIAZAC (diltiazem)
	verapamil PM
	VERELAN PM (verapamil)

12. Cephalosporins & Related Agents (Oral)

Under Cephalosporins & Related Agents (Oral) – Cephalosporins First Generation subclass, MedImpact recommended moving cefadroxil tablet to non-preferred.

CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL)	
PREFERRED AGENTS	NON-PREFERRED AGENTS

CEPHALOSPORINS FIRST GENERATION	
cefadroxil capsule, suspension	cefadroxil tablet
cephalexin capsule, suspension	cephalexin tablet

13. Colony Stimulating Factors

MedImpact recommended moving Releuko to preferred.

COLONY STIMULATING FACTORS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
FULPHILA (pegfilgrastim-jmdb)	FYLNETRA (pegfilgrastim-pbbk)
NEUPOGEN (filgrastim)	GRANIX (tbo-filgrastim)
RELEUKO (filgrastim-ayow)	LEUKINE (sargramostim)
	NEULASTA, NEULASTA ONPRO (pegfilgrastim)
	NIVESTYM (filgrastim-aafi)
	NYVEPRIA (pegfilgrastim-apgf)
	RYZNEUTA (efbemalenograstim alfa-vuxw)
	ROLVEDON (eflapegrastim-xnst)
	STIMUFEND (pegfilgrastim-fpgk)
	UDENYCA, UDENYCA ONBODY (pegfilgrastim-cbqv)
	ZARXIO (filgrastim-sndz)
	ZIEXTENZO (pegfilgrastim-bmez)

14. Factor Deficiency Products

Under Factor Deficiency Products – Factor IX subclass, MedImpact recommended moving Rebinyn to preferred.

FACTOR DEFICIENCY PRODUCTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
FACTOR IX	
ALPHANINE SD	BEQVEZ
ALPROLIX	
BENEFIX	
IDELVION	
IXINITY	
PROFILNINE	

REBINYN	
RIXUBIS	

15. Idiopathic Pulmonary Fibrosis

MedImpact recommended moving pirfenidone to preferred.

IDIOPATHIC PULMONARY FIBROSIS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
OFEV (nintedanib)	ESBRIET (pirfenidone)
pirfenidone	

16. Intranasal Rhinitis Agents

Under Intranasal Rhinitis Agents – Corticosteroids subclass, MedImpact recommended moving Nasonex 24 Hour Allergy Spray to preferred.

INTRANASAL RHINITIS AGENTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
CORTICOSTEROIDS	
fluticasone	BECONASE AQ (beclomethasone)
NASONEX 24 HOUR ALLERGY SPRAY ^{OTC}	flunisolide
	mometasone
	NASONEX (mometasone)
	OMNARIS (ciclesonide)
	QNASL (beclomethasone)
	XHANCE (fluticasone)
	ZETONNA (ciclesonide)

17. NSAIDs

Under NSAIDs – COX II Selective subclass, MedImpact recommended moving meloxicam capsule to non-preferred. Under NSAIDs – Non-Selective subclass, MedImpact recommended moving indomethacin ER to preferred, and ketoprofen capsule to non-preferred.

NSAIDS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
COX II SELECTIVE	
meloxicam tablet	CELEBREX (celecoxib)
	celecoxib
	ELYXYB (celecoxib)
	meloxicam capsule
NON-SELECTIVE	
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 suppository
indomethacin ER	ketoprofen
ketorolac	KIPROFEN (ketoprofen)
nabumetone	LOFENA (diclofenac potassium)
naproxen 250 mg, 500 mg	meclofenamate
piroxicam	mefenamic acid
sulindac	NALFON (fenoprofen)
	NAPRELAN (naproxen)
	NAPROSYN 375 mg (naproxen)
	naproxen 375 mg, naproxen CR 375 mg, naproxen ER 500 mg
	oxaprozin
	RELAFEN DS (nabumetone)
	TOLECTIN 600 mg (tolmetin)
	tolmetin

18. Ophthalmic Agents

Under Ophthalmic Agents – Dry Eye Agents subclass, MedImpact recommended moving Eysuvis to preferred.

OPHTHALMIC AGENTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
DRY EYE AGENTS	
EYSUVIS (loteprednol)	CEQUA (cyclosporine)
RESTASIS Droperette (cyclosporine)	cyclosporine
XIIDRA (lifitegrast)	MIEBO (perfluoroheptyloactane)
	RESTASIS Multidose (cyclosporine)

	TYRVAYA (varenicline)
	VEVYE (cyclosporine)

19. Pancreatic Enzymes

MedImpact recommended moving Pertzye to preferred.

PANCREATIC ENZYMES	
PREFERRED AGENTS	NON-PREFERRED AGENTS
CREON (lipase/protease/amylase)	VIOKACE (lipase/protease/amylase)
PERTZYE (lipase/protease/amylase)	
ZENPEP (lipase/protease/amylase)	

20. Platelet Aggregation Inhibitors

MedImpact recommended moving ticagrelor to preferred, and Brilinta to non-preferred.

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

XI. Extracted Therapeutic Class Reviews

1. Angiotensin Modulators

Under Angiotensin Modulators – ARB Combinations subclass, MedImpact recommended moving Entresto to non-preferred, sacubitril/valsartan to preferred, olmesartan/amlodipine/HCTZ to preferred, and valsartan/amlodipine/HCTZ to non-preferred. Dr. Weiland moved to accept

the recommendation, Dr. Maltby seconded, votes were taken, and the motion was adopted.

ANGIOTENSIN MODULATORS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
ARB COMBINATIONS	
irbesartan/hydrochlorothiazide	ATACAND HCT (candesartan/hydrochlorothiazide)
losartan/hydrochlorothiazide	AVALIDE (irbesartan/hydrochlorothiazide)
olmesartan/amlodipine	AZOR (olmesartan/hydrochlorothiazide)
olmesartan/amlodipine/hydrochlorothiazide	BENICAR HCT (olmesartan/hydrochlorothiazide)
olmesartan/hydrochlorothiazide	candesartan/hydrochlorothiazide
telmisartan/hydrochlorothiazide	DIOVAN-HCT (valsartan/hydrochlorothiazide)
valsartan/amlodipine	EDARBYCLOR (azilsartan/chlorthalidone)
valsartan/hydrochlorothiazide	ENTRESTO (valsartan/sacubitril)
valsartan/sacubitril	EXFORGE (valsartan/amlodipine)
	EXFORGE HCT (valsartan/amlodipine/hydrochlorothiazide)
	telmisartan/amlodipine
	TRIBENZOR (olmesartan/amlodipine/hydrochlorothiazide)
	valsartan/amlodipine/hydrochlorothiazide

2. Antibiotics (GI) & Related Agents

MedImpact recommended moving vancomycin capsule to preferred. Dr. Weiland moved to accept the recommendation, Dr. Gilchrist seconded, votes were taken, and the motion was adopted.

ANTIBIOTICS (GI) & RELATED AGENTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
metronidazole tablet	AEMCOLO (rifamycin)
neomycin	DIFICID (fidaxomicin)
tinidazole	FIRVANQ (vancomycin)
vancomycin capsule, oral solution	FLAGYL (metronidazole)
	LIKMEZ (metronidazole)
	metronidazole 125 mg tablet, 375 mg capsule

	nitazoxanide
	paromomycin
	REBYOTA (fecal microbiota, live-jslm)
	VANCOCIN (vancomycin)
	VOWST (fecal microbiota spore, live-brpk)

3. Anticoagulants

Under Anticoagulants – Oral subclass, MedImpact recommended moving Xarelto dose pack to non-preferred, dabigatran capsule to preferred, and Pradaxa to non-preferred. Dr. Weiland moved to accept the recommendation, Dr. Chaney seconded, votes were taken, and the motion was adopted.

ANTICOAGULANTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
dabigatran	PRADAXA (dabigatran)
ELIQUIS (apixaban)	rivaroxaban
JANTOVEN (warfarin)	SAVAYSA (edoxaban)
warfarin	XARELTO (rivaroxaban) dose pack
XARELTO (rivaroxaban) tablet	

4. Antipsychotics

Under Antipsychotics – Oral subclass, MedImpact recommended moving lurasidone to preferred, and Vraylar to non-preferred.

For Vraylar, MedImpact recommended the following:

- (a) grandfathering current utilizers; and
- (b) keeping current criteria for the non-Major Depressive Disorder (MDD) indications (schizophrenia and bipolar related disorder); and
- (c) adding new criteria for MDD indication: trial and failure of at least two (2) antidepressants that are not atypical antipsychotics AND at least one preferred generic antipsychotic that is indicated for adjunct therapy for MDD.

Dr. Weiland moved to accept the recommendation, Dr. Maltby seconded, votes were taken, and the motion was adopted.

ANTIPSYCHOTICS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
aripiprazole tablet	ABILIFY (aripiprazole)
asenapine	ABILIFY MYCITE (aripiprazole)
clozapine tablet	ADASUVE (loxapine)
fluphenazine	aripiprazole ODT, solution
haloperidol	CAPLYTA (lumateperone)
haloperidol lactate	chlorpromazine
lurasidone	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	LYBALVI (olanzapine/samidorphan)
ziprasidone	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)
	VRAYLAR (cariprazine)
	ZYPREXA, ZYPREXA ZYDIS (olanzapine)

5. Antiretrovirals

Under Antiretrovirals – Capsid Inhibitors subclass, MedImpact recommended moving Yeztugo to preferred. Under Antiretrovirals – Protease Inhibitors (Non-Peptidic) subclass, MedImpact recommended moving darunavir 600mg and 800mg to preferred, and moving Prezista 600mg and 800mg to non-preferred. Dr. Weiland moved to accept the recommendation, Dr. Gilchrist seconded, votes were taken, and the motion was adopted.

ANTIRETROVIRALS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
CAPSID INHIBITORS	
YEZTUGO (lenacapavir)	SUNLENCA (lenacapavir)
PROTEASE INHIBITORS (NON-PEPTIDIC)	
darunavir	APTIVUS (tipranavir)
PREZISTA (darunavir) 75mg tablet, 150mg tablet, 100mg/mL suspension	PREZCOBIX (darunavir/cobicistat)
	PREZISTA (darunavir) 600mg tablet, 800mg tablet

6. Antivirals (Oral)

MedImpact recommended adding a new subclass, COVID-19, under Antivirals, Oral drug class, and adding Paxlovid to preferred for this subclass. Dr. Chaney moved to accept the recommendation, Dr. Weiland seconded, votes were taken, and the motion was adopted.

ANTIVIRALS, ORAL	
PREFERRED AGENTS	NON-PREFERRED AGENTS
COVID-19	
PAXLOVID (nirmatrelvir/ritonavir)	

7. Antivirals (Topical)

MedImpact recommended moving acyclovir cream to preferred, Zovirax cream to non-preferred, and adding Zelsumvi gel to non-preferred. Dr. Weiland moved to accept the recommendation with an addition to add acyclovir ointment to preferred, Dr. Davis seconded, votes were taken, and the motion was adopted.

ANTIVIRALS, TOPICAL	
PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIVIRALS, TOPICAL	
acyclovir cream, ointment	DENAVIR (penciclovir)
	penciclovir
	XERESE (acyclovir/hydrocortisone)
	ZELSUVMI (berdazimer)

	ZOVIRAX (acyclovir) cream, ointment
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8. Atopic Dermatitis

MedImpact recommended moving Ebglyss to preferred. Dr. Maltby moved to accept the recommendation, Dr. Weiland seconded, votes were taken, and the motion was adopted.

ATOPIC DERMATITIS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
ATOPIC DERMATITIS	
ADBRY (tralokinumab-ldrm)	CIBINQO (abrocitinib)
ADBRY Autoinjector (tralokinumab-ldrm)	NEMLUVIO (nemolizumab-ilto)
DUPIXENT (dupilumab)	OPZELURA (ruxolitinib)
EBGLYSS (lebrikizumab-lbkz)	ZORYVE (roflumilast) 0.15% cream
ELIDEL (pimecrolimus)	
EUCRISA (crisaborole)	
pimecrolimus	
tacrolimus	

9. Bone Resorption Suppression & Related Agents

Under Resorption Suppression & Related Agents – Others subclass, MedImpact recommended moving Bldyos to preferred, Bilprevda to preferred, and adding Bomynta to non-preferred. Dr. Weiland moved to accept the recommendation, Dr. Maltby seconded, votes were taken, and the motion was adopted.

BONE RESORPTION SUPPRESSION AND RELATED AGENTS ^{DUR+}	
PREFERRED AGENTS	NON-PREFERRED AGENTS
OTHERS	
BILDYOS (denosumab-nxxp)	BOMYNTRA (denosumab-bnht)
BILPREVDA (denosumab-nxxp)	BONSITY (teriparatide)
FORTEO (teriparatide)	calcitonin salmon
raloxifene	EVENITY (romosozumab-aqqg)
	EVISTA (raloxifene)
	JUBBONTI (denosumab-bbdz)
	MIACALCIN (calcitonin salmon)
	OSENVELT (denosumab-bmwo)

	PROLIA (denosumab)
	teriparatide
	STOBOCLO (denosumab-bmwo)
	TYMLOS (abaloparatide)
	XGEVA (denosumab)

10. Bronchodilators & COPD Agents

Under Bronchodilators & COPD Agents – Anticholinergic-Beta Agonist – Glucocorticoids Combinations subclass, MedImpact recommended moving Breztri to preferred, and Trelegy to preferred. Under Bronchodilators & COPD Agents – Anticholinergics & COPD Agents subclass, MedImpact recommended moving Spiriva Respimat to preferred, and Incruse Ellipta to non-preferred. MedImpact recommended keeping prior authorization requirements for Breztri and Trelegy, and the criteria to be determined. Dr. Weiland moved to accept the recommendation, Dr. Maltby seconded, votes were taken, and the motion was adopted.

BRONCHODILATORS AND COPD AGENTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGIC-BETA AGONIST-GLUCOCORTICOID COMBINATIONS	
BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol)	
TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol)	
ANTICHOLINERGICS AND COPD AGENTS	
ATROVENT HFA (ipratropium)	DALIRESP (roflumilast)
ipratropium	INCRUSE ELLIPTA (umeclidinium)
SPIRIVA HANDIHALER (tiotropium)	OHTUVAYRE (ensifentrine)
SPIRIVA RESPIMAT (tiotropium)	roflumilast
	tiotropium
	TUDORZA PRESSAIR (aclidinium)
	YUPELRI (revefenacin)

11. Cytokine & CAM Antagonists

MedImpact recommended moving Yuflyma to preferred, Cyltezo to preferred, Hadlima to preferred, adalimumab-aaty autoinject to preferred, Imuldosa to preferred, Selarsdi to preferred, Pyzchiva to preferred, and adding Anzupgo

to non-preferred. Dr. Weiland moved to accept the recommendation with grandfathering, Dr. Davis seconded, votes were taken, and the motion was adopted. Mr. Smith suggested MedImpact to review infliximab and biosimilar products.

CYTOKINE & CAM ANTAGONISTS ^{DUR+}	
PREFERRED AGENTS	NON-PREFERRED AGENTS
ACTEMRA (tocilizumab) syringe, vial	ABRILADA (adalimumab-afzb)
adalimumab-aaty autoinject	ACTEMRA ACTPEN (tocilizumab)
AVSOLA (infliximab-axxq)	adalimumab-aaty syringe
CYLTEZO (adalimumab-adbm)	adalimumab-adaz
ENBREL (etanercept)	adalimumab-adbm
HADLIMA (adalimumab-bwwd)	adalimumab-fkjp
HUMIRA (adalimumab)	adalimumab-ryvk
IMULDOSA (ustekinumab-srlf)	AMJEVITA (adalimumab-atto)
KINERET (anakinra)	ANZUPGO (delgocitinib)
methotrexate	ARCALYST (rilonacept)
OLUMIANT (baricitinib)	BIMZELX (bimekizumab-bkzx)
ORENCIA CLICKJECT (abatacept)	CIMZIA (certolizumab)
ORENCIA VIAL (abatacept)	COSENTYX (secukinumab)
OTEZLA (apremilast)	ENTYVIO (vedolizumab)
PYZCHIVA (ustekinumab-ttwe)	HULIO (adalimumab-fkjp)
RINVOQ (upadacitinib)	HYRIMOZ (adalimumab-adaz)
RINVOQ LQ (upadacitinib)	IDACIO (adalimumab-aacf)
SELARSDI (ustekinumab-aekn)	ILARIS (canakinumab)
SIMPONI (golimumab)	ILUMYA (tildrakizumab-asmn)
TALTZ (ixekizumab)	INFLECTRA (infliximab-dyyb)
TYENNE Syringe, Vial (tocilizumab-aazg)	infliximab
XELJANZ (tofacitinib) tablet	JYLAMVO (methotrexate)
YUFLYMA (adalimumab-aaty)	KEVZARA (sarilumab)
	LEQSELVI (deuruxolitinib)
	LITFULO (ritlecitinib)
	OMVOH (mirikizumab-mrkz)
	ORENCIA SYRINGE (abatacept)
	OTREXUP (methotrexate)
	OTULFI (ustekinumab-aaaz)
	RASUVO (methotrexate)
	REMICADE (infliximab)
	RENFLEXIS (infliximab-abda)
	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)
	YUSIMRY (adalimumab-aqvh)
	ZYMFENTRA (infliximab-dyyb)

12. Glucocorticoids (Inhaled)

Under Glucocorticoids (Inhaled) – ICS/LABA Combinations subclass, MedImpact recommended moving fluticasone-salmeterol HFA to non-preferred. Dr. Maltby moved to accept the recommendation, Dr. Weiland seconded, votes were taken, and the motion was adopted.

GLUCOCORTICIDS (INHALED)	
PREFERRED AGENTS	NON-PREFERRED AGENTS
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS	
ADVAIR DISKUS (fluticasone/salmeterol)	AIRDUO DIGIHALER (fluticasone/salmeterol)
ADVAIR HFA (fluticasone/salmeterol)	AIRSUPRA (albuterol/budesonide)
DULERA (mometasone/formoterol)	BREO ELLIPTA (fluticasone/vilanterol)
fluticasone/salmeterol diskus	BREYNA (budesonide/formoterol)
SYMBICORT (budesonide/formoterol)	budesonide/formoterol
	fluticasone/salmeterol HFA
	fluticasone/vilanterol
	WIXELA INHUB (fluticasone/salmeterol)

13. Hereditary Angioedema Treatments

MedImpact recommended adding Dawnzera to non-preferred, and Ekterly to non-preferred. Dr. Weiland moved to accept the recommendation, Dr. Maltby seconded, votes were taken, and the motion was adopted.

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

14. Hypoglycemics, Incretin Mimetics/Enhancers

MedImpact discussed the reasoning of no changes made to this drug class despite supplemental rebate offers being made.

15. Hypoglycemics, Insulins & Related Agents

MedImpact recommended adding Kirsty to non-preferred, and Merilog to non-preferred. Dr. Weiland moved to accept the recommendation, Dr. Chaney seconded, votes were taken, and the motion was adopted.

HYPOGLYCEMICS, INSULINS & RELATED AGENTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
HUMALOG MIX 75/25 vial (insulin lispro/lispro protamine)	ADMELOG (insulin lispro)
HUMULIN 70/30 vial (insulin NPH/regular)	AFREZZA (insulin regular)
HUMULIN N (insulin NPH)	APIDRA (insulin glulisine)
HUMULIN R (insulin regular)	BASAGLAR (insulin glargine)
HUMULIN R U-500 (insulin regular)	FIASP (insulin aspart/niacinamide)
insulin aspart	HUMALOG; HUMALOG JUNIOR, KWIKPEN, TEMPO PEN (insulin lispro)
insulin aspart protamine mix 70/30 vial	HUMALOG MIX KWIKPEN 50/50, 75/25 (insulin lispro/lispro protamine)
insulin lispro	HUMULIN 70/30 KWIKPEN (insulin N/regular)
insulin lispro protamine mix 75/25 vial	HUMULIN N KWIKPEN (insulin N)

LANTUS (insulin glargine)	insulin degludec
TOUJEO (insulin glargine)	insulin glargine
TOUJEO MAX (insulin glargine)	insulin glargine-yfgn
	KIRSTY (insulin aspart-xjhz)
	LEVEMIR (insulin detemir)
	LYUMJEV (insulin lispro-aabc)
	MERILOG (insulin aspart-szjj)
	NOVOLIN 70/30 (insulin NPH/regular)
	NOVOLIN N (insulin NPH)
	NOVOLIN R (insulin regular)
	NOVOLOG (insulin aspart)
	NOVOLOG MIX 70/30 (insulin aspart protamine/aspart)
	REZVOGLAR (insulin glargine-aglr)
	SEMGLEE (insulin glargine-yfgn)
	TRESIBA (insulin degludec)

16. Miscellaneous Brand/Generic

MedImpact recommended adding Brinsupri to non-preferred, and Harliku to non-preferred. Dr. Weiland moved to accept the recommendation, Dr. Minor seconded, votes were taken, and the motion was adopted.

MISCELLANEOUS BRAND/GENERIC	
PREFERRED AGENTS	NON-PREFERRED AGENTS
MISCELLANEOUS	
alprazolam	alprazolam ER
hydroxyzine HCL	BRINSUPRI (brensocatib)
hydroxyzine pamoate	CAMZYOS (mavacamten)
megestrol	CRENESSITY (crinecerfont)
REVLIMID (lenalidomide)	EVRYSDI (risdiplam)
	HARLIKU (nitisinone)
	KORLYM (mifepristone)
	lenalidomide
	TRYNGOLZA (olezarsen)
	VERQUVO (vericiguat)
	VISTARIL (hydroxyzine pamoate)
	XANAX, XANAX XR (alprazolam)

17. Muscular Dystrophy Agents

MedImpact recommended adding Jaythari to non-preferred. Dr. Davis moved to accept the recommendation, Dr. Weiland seconded, votes were taken, and the motion was adopted.

MUSCULAR DYSTROPHY AGENTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
EMFLAZA (deflazacort)	AGAMREE (vamorolone)
	AMONDYS-45 (casimersen)
	deflazacort
	DUVYZAT (givinostat)
	ELEVIDYS (delandistrogene moxeparvovec-rokl)
	EXONDYS-51 (eteplirsén)
	JAYTHARI (deflazacort)
	VILTEPSO (viltolarsén)
	VYONDYS-53 (golodirsén)
	AMONDYS-45 (casimersen)
	deflazacort
	DUVYZAT (givinostat)

18. Prenatal Vitamins

MedImpact recommended moving select prenatal vitamin products to preferred. Dr. Weiland moved to accept the recommendation, Dr. Chaney seconded, votes were taken, and the motion was adopted.

PRENATAL VITAMINS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
CLASSIC PRENATAL	All prenatal vitamins are non-preferred except for those specifically indicated as preferred.
COMPLETE NATAL DHA	
COMPLETENATE	
FOLIVANE-OB	
M-NATAL PLUS	
NIVA-PLUS	
PRENATAL PLUS VITAMIN-MINERAL	
PNV 72, 95, 124, and 137 / IRON / FOLIC ACID	
SELECT-OB + DHA	
SE-NATAL-19	
STUART ONE	
TARON-C DHA	

THRIVITE RX	
TRICARE	
TRINATAL RX 1	
VIT 3	
VITAFOL FE PLUS	
VITAFOL-OB	
VITAFOL-ONE	
VITAFOL ULTRA	
WESCAP-C DHA	
WESNATAL DHA COMPLETE	
WESTAB PLUS	

19. Select Contraceptive Products

Under Select Contraceptive Products – Intravaginal Contraceptives subclass, MedImpact recommended moving Annovera to non-preferred. Under Select Contraceptive Products – Transdermal Contraceptives subclass, MedImpact recommended moving Twirla to preferred, and Zafemy to preferred. Dr. Weiland moved to accept the recommendation, Dr. Minor seconded, votes were taken, and the motion was adopted.

SELECT CONTRACEPTIVE PRODUCTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
INTRAVAGINAL CONTRACEPTIVES	
ENILLORING (etonogestrel/ethinyl estradiol)	ANNOVERA (segesterone/ethinyl estradiol)
NUVARING (etonogestrel/ethinyl estradiol)	PHEXXI (lactic acid/citric acid/potassium bitartrate)
TRANSDERMAL CONTRACEPTIVES	
TWIRLA (levonorgestrel/ethinyl estradiol)	norelgestromin/ethinyl estradiol
XULANE (norelgestromin/ethinyl estradiol)	
ZAFEMY (norelgestromin/ethinyl estradiol)	

20. Sickle Cell Agents

MedImpact recommended moving Casgevry to preferred, and Lyfgenia to preferred. Dr. Weiland moved to accept the recommendation, Dr. Maltby seconded, votes were taken, and the motion was adopted.

SICKLE CELL AGENTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
CASGEVY (exagamglogene autotemcel)	ADAKVEO (crizanlizumab-tmca)
DROXIA (hydroxyurea)	ENDARI (glutamine)
hydroxyurea	HYDREA (hydroxyurea)
LYFGENIA (lovotibeglogene autotemcel)	l-glutamine
	SIKLOS (hydroxyurea)

21. Stimulants and Related Agents

MedImpact discussed general information regarding drugs under this class.
No changes were recommended.

XII. Other Business

None.

XIII. Division of Medicaid update

Mrs. Kirby thanked the committee members' participation to this meeting.

XIV. Tentative 2026 Meeting Dates

Mrs. Wilbanks reminded committee members of upcoming meeting dates for Calendar Year 2026.

1. Tuesday, February 10, 2026
2. Tuesday, May 12, 2026
3. Tuesday, August 11, 2026
4. Tuesday, October 27, 2026

XV. Adjournment

The meeting adjourned at 2:21 PM CDT.