

**Mississippi Division Of Medicaid**  
**Provider Notice of Preferred Drug List Changes**  
**P&T Meeting Date: February 10, 2026**  
**PDL Changes Effective Date: April 1, 2026**



The following changes will be made to the Preferred Drug List (PDL), effective April 1, 2026, pending approval by the P&T Committee, DOM, and DOM's Executive Director.

<b>NEW PREFERRED DRUGS</b>	
<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for PREFERRED STATUS</b>
Cytokine & CAM Antagonists	<b>Starjemza</b> (ustekinumab-hmny)
Cytokine & CAM Antagonists	<b>ustekinumab-aaaz</b>
Antineoplastics Selected Systemic Enzyme Inhibitors	<b>Ibtrozi</b> (taletrectinib)

<b>NEW NON-PREFERRED DRUGS</b>	
<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for NON-PREFERRED STATUS</b>
Anticonvulsants (Adjuvant)	<b>brivaracetam</b>
Antidepressants, Other	<b>Exxua</b> (gepirone)
Antimigraine Agents, Acute Treatment (Triptans & Related Agents (Oral))	<b>Symbravo</b> (rizatriptan/meloxicam)
Antineoplastics Selected Systemic Enzyme Inhibitors	<b>Hernexeos</b> (zongertinib)
Antineoplastics Selected Systemic Enzyme Inhibitors	<b>Hyrnuo</b> (sevabertinib)
Antineoplastics Selected Systemic Enzyme Inhibitors	<b>Inluriyo</b> (imlunestrant)
Antineoplastics Selected Systemic Enzyme Inhibitors	<b>Modeyso</b> (dordaviprone)
Colony Stimulating Factors	<b>Nypozi</b> (filgrastim-txid)
Cytokine & CAM Antagonists	<b>Otezla XR</b> (apremilast)
Fibromyalgia/Neuropathic Pain Agents	<b>Tonmya</b> (cyclobenzaprine)
Hypoglycemics, DPP4s and Combination	<b>linagliptin/metformin</b>
Idiopathic Pulmonary Fibrosis	<b>Jascayd</b> (nerandomilast)

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<b>NEW NON-PREFERRED DRUGS</b>	
<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for NON-PREFERRED STATUS</b>
Lipotropics, Other (Niacin)	<b>niacin immediate-release</b>
Miscellaneous Brand/Generic (Miscellaneous)	<b>Rhapsido</b> (remibrutinib)
Miscellaneous Brand/Generic (Miscellaneous)	<b>Palsonify</b> (paltusotine)
Multiple Sclerosis Agents (Highly Active)	<b>Tyruko</b> (natalizumab-sztn)
Multiple Sclerosis Agents (Highly Active)	<b>cladribine</b>
Muscular Dystrophy Agents	<b>Kymbee</b> (deflazacort)
NSAIDS (Cox II Selective)	<b>Vyscoxa</b> (celecoxib)
NSAIDS (Non-Selective)	<b>Coxanto</b> (oxaprozin)
Otic Antibiotics	<b>ciprofloxacin/hydrocortisone</b>
Platelet Stimulating Agents	<b>Doptelet Sprinkle</b> (avatrombopag)
Urea Cycle Disorder Agents	<b>glycerol phenylbutyrate</b>