MISSISSIPPI DIVISION OF MEDICAID
PHARMACY & THERAPEUTICS COMMITTEE MEETING
TUESDAY, FEBRUARY 10, 2026
10:00 AM TO 2:00 PM
TABLE 100, FLOWOOD, MS
LIVE-STREAMED
MEETING MINUTES

Committee Members Present:
Pat Chaney, MD
Brad Gilchrist, PharmD
Deborah Minor, PharmD
Louise Turman, PharmD
Wilma J. Wilbanks, BSPharm, RPh
S. Caleb Williamson, PharmD

Committee Members Not Present:
Dereck Davis, MD
D. Stanley Hartness, MD
Karen Maltby, MD
Teresa Moll, MD
Geri Lee Weiland, MD

Division of Medicaid Staff Present:
Terri Kirby, BSPharm, RPh
Amy Ly-Ha, PharmD
Dennis Smith, BSPharm, RPh
Daneel Konnar, Legislative and External Affairs Liaison

MedImpact Staff Present:
Laureen Biczak, DO, FIDSA
Kevin Chang, PharmD, BCPS
Michael Cooley, PharmD, BCPS
Daniel Inboden, PharmD, MBA, BCPS
Robin Traver, PharmD, MBA

Other Contract Staff Present:
Tricia Banks, PharmD, Gainwell
Jenni Grantham, PharmD, Magnolia
John Mitchell, MD, CMO TrueCare
Buddy Ogletree, PharmD, Telligen
Eric Pittman, PharmD, PhD, University of Mississippi School of Pharmacy
Lew Anne Snow, RN, Gainwell

Attendance Chart

Committee Member	Feb 2024	May 2024	Aug 2024	Oct 2024	Feb 2025	May 2025	Aug 2025	Oct 2025	Feb 2026
Chaney				X	X	X	X	X	X
Gilchrist	X		X	X	X	X	X	X	X
Davis							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	X
Moll							X	X	
Turman	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

Mrs. Wilma J. Wilbanks, RPh, Chair, called the meeting to order at 10:08 AM CST.

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 February 10, 2026 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 January 2026, the total beneficiary count was 644,869.

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, and not to leave the room except for during breaks. 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 stated that the P&T Committee works in an advisory capacity and that DOM is responsible for final decisions related to the PDL. Mrs. Kirby stated the committee's recommendation and net cost are both considered to provide the best clinical and cost-effective therapy for Mississippi. She further elaborated that the decision of the committee regarding any limitations imposed on any drug or its use for a specified indication shall be based on sound clinical evidence found in labeling, drug compendia, and peer reviewed clinical literature. Mrs. Kirby stated that the P&T Committee must conform to the Public Meetings Act.

Mrs. Kirby 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. 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 clinical documents 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 March 12, 2026. The implementation for Preferred Drug List (PDL) changes discussed today would take effect April 1, 2026.

Public notice will be given 30 days prior to going live with the new PDL, so notification for the April 1, 2026 PDL will be posted on our website no later than March 2, 2026.

Mrs. Willbanks noted the absence of a quorum and stated that the recommendations will be voted on during the next meeting.

IV. Approval of October 21, 2025, Meeting Minutes

Mrs. Wilbanks asked for acceptance and approval of any additions or corrections to the minutes of the October 21, 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. Traver presented the PDL Compliance Report which tracks the percentage of pharmacy claims filled with preferred drugs. In the fourth quarter of 2025, 97.54% of claims were filled with preferred products, maintaining a consistently strong

compliance rate in line with previous trends. Most therapeutic classes continue to perform in the 90% range. However, a few classes fall below this threshold, which is expected given the complexity of certain disease states and clinical factors guiding treatment selection, such as therapies for cystic fibrosis or antineoplastic agents.

VI. Public Comments

Teena Abraham from Axsome presented information regarding Symbravo.

VII. New Drug/New Generic Reviews

MedImpact reoriented the committee member to the organization of the financial information provided in the confidential Red Binders. The proposed PDL changes were discussed as follows:

1. Anticonvulsants (Adjuvant):

MedImpact recommended designating brivaracetam as non-preferred. Dr. Minor moved to accept the recommendation. Dr. Williamson seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

ANTICONVULSANTS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
ADJUVANTS	
carbamazepine	APTIOM (eslicarbazepine acetate)
carbamazepine ER 12-hour capsule	BANZEL (rufinamide)
DEPAKOTE ER (divalproex)	brivaracetam
DEPAKOTE SPRINKLE (divalproex)	BRIVIACT (brivaracetam)
divalproex	carbamazepine ER 12-hour tablet
divalproex ER	CARBATROL (carbamazepine)
divalproex sprinkle	DEPAKOTE (divalproex)
EPIDIOLEX (cannabidiol)	DIACOMIT (stiripentol)
lacosamide	ELEPSIA XR (levetiracetam)
lamotrigine	EPRONTIA (topiramate)
lamotrigine blue, green, orange dose pack	EQUETRO (carbamazepine)
levetiracetam	eslicarbazepine
levetiracetam ER	felbamate
oxcarbazepine tablet	FELBATOL (felbamate)
tiagabine	FINTEPLA (fenfluramine)
topiramate	FYCOMPA (perampanel)

topiramate sprinkle 15, 25 mg (generic Topamax)	KEPPRA (levetiracetam)
TRILEPTAL (oxcarbazepine) suspension	KEPPRA XR (levetiracetam)
valproic acid	LAMICTAL (lamotrigine)
zonisamide	LAMICTAL XR (lamotrigine)
	lamotrigine ER
	lamotrigine ODT
	lamotrigine ODT blue, green, orange dose pack
	MOTPOLY XR (lacosamide)
	oxcarbazepine suspension
	oxcarbazepine ER
	OXTELLAR XR (oxcarbazepine)
	perampanel
	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 TABLET (topiramate)
	TOPAMAX SPRINKLE (topiramate)
	topiramate ER capsule (generic Trokendi XR)
	topiramate ER sprinkle capsule (generic Qudexy XR)
	topiramate sprinkle 50 mg
	TRILEPTAL (oxcarbazepine) tablet
	TROKENDI XR (topiramate)
	vigabatrin
	VIGADRONE (vigabatrin)
	VIGAFYDE (vigabatrin)
	VIGPODER (vigabatrin)
	VIMPAT (lacosamide)
	XCOPRI (cenobamate)
	ZONISADE (zonisamide) suspension
	ZTALMY (ganaxolone)

2. **Antidepressants, Other:**

MedImpact recommended designating Exxua as non-preferred. Dr. Minor moved to accept the recommendation. Dr. Chaney seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

ANTIDEPRESSANTS, OTHER	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
bupropion	AUVELITY (bupropion/dextromethorphan)
bupropion SR	CYMBALTA (duloxetine)
bupropion XL	desvenlafaxine ER
duloxetine 20 mg, 30 mg, 60 mg DR capsule	DESYREL (trazodone)
mirtazapine	DRIZALMA SPRINKLE (duloxetine DR)
trazodone	duloxetine 40 mg DR capsule
TRINTELLIX (vortioxetine)	EFFEXOR XR (venlafaxine)
venlafaxine	EMSAM (selegiline)
venlafaxine HCl ER	EXXUA (gepirone hcl)
vilazodone	FETZIMA (levomilnacipran)
	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)

3. **Antimigraine Agents, Acute Treatment (Triptans & Related Agents (Oral)):**

MedImpact recommended designating Symbravo as non-preferred. Dr. Williamson moved to accept the recommendation. Dr. Turman seconded the motion. Votes were taken, and the motion carried, resulting in the

recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

ANTIMIGRAINE AGENTS, ACUTE TREATMENT	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
TRIPTANS AND RELATED AGENTS (ORAL)	
naratriptan	almotriptan
rizatriptan	eletriptan
sumatriptan	FROVA (frovatriptan)
zolmitriptan	frovatriptan
zolmitriptan ODT	IMITREX (sumatriptan)
	MAXALT (rizatriptan)
	MAXALT MLT (rizatriptan)
	RELPAX (eletriptan)
	REYVOW (lasmiditan)
	sumatriptan/naproxen
	SYMBRAVO (rizatriptan benzoate/meloxicam)
	ZOMIG (zolmitriptan)

4. **Antineoplastics Selected Systemic Enzyme Inhibitors:**

MedImpact recommended designating Ibtrozi as preferred, and designating Hernexeos, Hyrnuo, Inluriyo, and Modeyso as non-preferred. Dr. Williamson moved to accept the recommendation. Dr. Turman seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

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)
IBTROZI (taletrectinib)	AYVAKIT (avapritinib)
ICLUSIG (ponatinib)	BALVERSA (erdafitinib)
imatinib	BOSULIF (bosutinib) capsule
IMBRUVICA (ibrutinib)	BRAFTOVI (encorafenib)

INLYTA (axitinib)	BRUKINSA (zanubrutinib)
IRESSA (gefitinib)	CABOMETYX (cabozantinib)
JAKAFI (ruxolitinib)	CALQUENCE (acalabrutinib)
MEKINIST (trametinib)	COPIKTRA (duvelisib)
NEXAVAR (sorafenib)	DANZITEN (nilotinib)
ROZLYTREK (entrectinib)	dasatinib
SPRYCEL (dasatinib)	DAURISMO (glasdegib)
STIVARGA (regorafenib)	ENSACOVE (ensartinib hydrochloride)
SUTENT (sunitinib)	ERIVEDGE (vismodegib)
TAFINLAR (dabrafenib)	ERLEADA (apalutamide)
TARCEVA (erlotinib)	erlotinib
TASIGNA (nilotinib)	FOTIVDA (tivozanib)
TURALIO (pexidartinib)	FRUZAQIA (fruquintinib)
TYKERB (lapatinib)	GAVRETO (pralsetinib)
VOTRIENT (pazopanib)	gefitinib
XALKORI (crizotinib)	GLEEVEC (imatinib)
XTANDI (enzalutamide)	HERNEXEOS (zongertinib)
ZELBORAF (vemurafenib)	HYRNUO (sevabertinib)
ZYDELIG (idelalisib)	IBRANCE (palbociclib)
ZYKADIA (ceritinib)	IDHIFA (enasidenib)
	IMKELDI (imatinib)
	INLURIYO (imlunestrant tosylate)
	INQOVI (decitabine/cedazuridine)
	INREBIC (fedratinib)
	ITOVEBI (inavolisib)
	IWILFIN (eflornithine)
	JAYPIRCA (pirtobrutinib)
	KISQALI (ribociclib)
	KISQALI-FEMARA CO-PACK (ribociclib/letrozole)
	KOMZIFTI (ziftomenib)
	KOSELUGO (selumetinib sulfate)
	KRAZATI (adagrasib)
	lapatinib
	LAZCLUZE (lazertinib)
	LENVIMA (lenvatinib)
	LOBRENA (lorlatinib)
	LUMAKRAS (sotorasib)
	LYNPARZA (olaparib)
	LYTGOBI (futibatinib)
	MEKTOVI (binimetinib)
	MODEYSO (dordaviprone)

	NERLYNX (neratinib)
	nilotinib
	NUBEQA (darolutamide)
	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)

5. **Colony Stimulating Factors:**

MedImpact recommended designating Nypozi as non-preferred. Dr. Minor moved to accept the recommendation. Dr. Williamson seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

COLONY STIMULATING FACTORS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
SHORT ACTING	
NEUPOGEN (filgrastim)	GRANIX (tbo-filgrastim)
RELEUKO (filgrastim-ayow)	LEUKINE (sargramostim)
	NIVESTYM (filgrastim-aafi)
	NYPOZI (filgrastim-txid)
	ZARXIO (filgrastim-sndz)

6. **Cytokine & CAM Antagonists:**

MedImpact recommended designating Starjemza and ustekinumab-aauz as preferred, and designating Otezla XR as non-preferred. Dr. Williamson moved to accept the recommendation. Dr. Gilchrist seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

CYTOKINE & CAM ANTAGONISTS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
adalimumab-aaty autoinject	ABRILADA (adalimumab-afzb)
AVSOLA (infliximab-axxq)	ACTEMRA (tocilizumab)
CYLTEZO (adalimumab-adbm)	adalimumab-aaty syringe
ENBREL (etanercept)	adalimumab-adaz
HADLIMA (adalimumab-bwwd)	adalimumab-adbm
HUMIRA (adalimumab)	adalimumab-fkjp
IMULDOSA (ustekinumab-srlf)	adalimumab-ryvk
KINERET (anakinra)	AMJEVITA (adalimumab-atto)
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)
STARJEMZA (ustekinumab-hmny)	INFLECTRA (infliximab-dyyb)
TALTZ (ixekizumab)	infliximab
TYENNE (tocilizumab-aazg)	JYLAMVO (methotrexate)
ustekinumab-aauz	KEVZARA (sarilumab)
XELJANZ (tofacitinib) tablet	LEQSELVI (deuruxolitinib)
YUFLYMA (adalimumab-aaty)	LITFULO (ritlecitinib)
	OMVOH (mirikizumab-mrkz)
	ORENCIA SYRINGE (abatacept)
	OTEZLA XR (apremilast)
	OTREXUP (methotrexate)
	OTULFI (ustekinumab-aauz)
	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)
	XATMEP (methotrexate)
	XELJANZ (tofacitinib) solution
	XELJANZ XR (tofacitinib)
	YESINTEK (ustekinumab-kfce)
	YUSIMRY (adalimumab-aqvh)
	ZYMFENTRA (infliximab-dyyb)

7. **Fibromyalgia/Neuropathic Pain Agents:**

MedImpact recommended designating Tonmya as non-preferred. Dr. Williamson moved to accept the recommendation. Dr. Turman seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval.

The approved category details are provided in the table below, with the changes highlighted in yellow.

FIBROMYALGIA/NEUROPATHIC PAIN AGENTS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
duloxetine 20 mg, 30 mg, 60 mg DR capsule	CYMBALTA (duloxetine)
gabapentin	DRIZALMA SPRINKLE (duloxetine)
pregabalin	duloxetine 40 mg DR capsule
SAVELLA (milnacipran)	gabapentin ER
	GABARONE (gabapentin)
	GRALISE (gabapentin)
	HORIZANT (gabapentin enacarbil)
	LYRICA, LYRICA CR (pregabalin)
	NEURONTIN (gabapentin)
	pregabalin ER
	TONMYA (cyclobenzaprine)

8. **Hypoglycemics, DPP4s and Combination:**

MedImpact recommended designating linagliptin/metformin as non-preferred. Dr. Williamson moved to accept the recommendation. Dr. Chaney seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

HYPOGLYCEMICS, DPP4s AND COMBINATIONS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
JANUMET (sitagliptin/metformin)	alogliptin
JANUMET XR (sitagliptin/metformin)	alogliptin/metformin
JANUVIA (sitagliptin)	BRYNOVIN solution (sitagliptin)
JENTADUETO (linagliptin/metformin)	JENTADUETO XR (linagliptin/metformin)
TRADJENTA (linagliptin)	KAZANO (alogliptin/metformin)
	KOMBIGLYZE XR (saxagliptin/metformin)
	linagliptin/metformin
	NESINA (alogliptin)
	ONGLYZA (saxagliptin)
	OSENI (alogliptin/pioglitazone)
	saxagliptin
	saxagliptin/metformin ER

	sitagliptin
	sitagliptin/metformin
	ZITUVIMET (sitagliptin/metformin)
	ZITUVIMET XR (sitagliptin/metformin)
	ZITUVIO (sitagliptin)

9. **Idiopathic Pulmonary Fibrosis:**

MedImpact recommended designating Jascayd as non-preferred. Dr. Minor moved to accept the recommendation. Dr. Turman seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

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

10. **Lipotropics, Other (Niacin):**

MedImpact recommended designating niacin immediate-release tablet as non-preferred. Dr. Minor moved to accept the recommendation. Dr. Gilchrist seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

LIPOTROPICS, OTHER (NON-STATINS)	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
NIACIN	
niacin ER	niacin

11. **Miscellaneous Brand/Generic (Miscellaneous):**

MedImpact recommended designating Palsonify and Rhapsido as non-preferred. Dr. Williamson moved to accept the recommendation. Dr. Chaney seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

MISCELLANEOUS BRAND/GENERIC	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
MISCELLANEOUS	
megestrol	BRINSUPRI (brensocatib)
REVLIMID (lenalidomide)	CAMZYOS (mavacamten)
	CRENESSITY (crinecerfont)
	EVRYSDI (risdiplam)
	HARLIKU (nitisinone)
	KORLYM (mifepristone)
	lenalidomide
	PALSONIFY (paltusotine)
	RHAPSIDO (remibrutinib)
	VERQUVO (vericiguat)

12. Multiple Sclerosis Agents (Highly Active):

MedImpact recommended designating cladribine and Tyruko as non-preferred. Dr. Minor moved to accept the recommendation. Dr. Williamson seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

MULTIPLE SCLEROSIS AGENTS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
HIGHLY ACTIVE	
fingolimod	BRIUMVI (ublituximab-xiiy)
TYSABRI (natalizumab)	cladribine
	GILENYA (fingolimod)
	KESIMPTA PEN (ofatumumab)
	MAVENCLAD (cladribine)
	MAYZENT (siponimod)
	OCREVUS (ocrelizumab)
	OCREVUS ZUNOVO (ocrelizumab/hyaluronidase-ocsq)
	PONVORY (ponesimod)
	TASCENSO ODT (fingolimod)
	TYRUKO (natalizumab-sztn)
	ZEPOSIA (ozanimod)

13. **Muscular Dystrophy Agents:**

MedImpact recommended designating Kymbee as non-preferred. Dr. Minor moved to accept the recommendation. Dr. Turman seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

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

14. **NSAIDS (Cox II Selective):**

MedImpact recommended designating Vyscoxa as non-preferred. Dr. Minor moved to accept the recommendation. Dr. Gilchrist seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

NSAIDS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
COX II SELECTIVE	
meloxicam tablet	CELEBREX (celecoxib)
	celecoxib
	ELYXYB (celecoxib)
	meloxicam capsule
	VYSCOXA (celecoxib)
	ZYBIC (meloxicam)[NR]

15. NSAIDS (Non-Selective):

MedImpact recommended designating Coxanto as non-preferred. Dr. Minor moved to accept the recommendation. Dr. Williamson seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

NSAIDS	
NON-PREFERRED AGENTS	NON-PREFERRED AGENTS
NON-SELECTIVE	
diclofenac sodium	COXANTO (oxaprozin)
diclofenac sodium ER	DAYPRO (oxaprozin)
EC-naproxen DR 500 mg tablet	diclofenac potassium
etodolac tablet	DOLOBID (diflunisal)
flurbiprofen	etodolac capsule, etodolac ER
ibuprofen	FELDENE (piroxicam)
indomethacin capsule	fenoprofen
indomethacin ER	indomethacin suppository
ketorolac	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
	ORUDIS (ketoprofen)^{NR}
	oxaprozin
	RELAFEN DS (nabumetone)
	TOLECTIN 600 mg (tolmetin)
	tolmetin

16. Otic Antibiotics:

MedImpact recommended designating ciprofloxacin/hydrocortisone drops as non-preferred. Dr. Minor moved to accept the recommendation. Dr. Turman seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

OTIC ANTIBIOTICS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
CIPRO HC (ciprofloxacin/hydrocortisone)	ciprofloxacin
CORTISPORIN-TC (neomycin/colistin/hydrocortisone)	ciprofloxacin/dexamethasone
fluocinolone	ciprofloxacin/fluocinolone
neomycin/polymyxin/hydrocortisone	ciprofloxacin/hydrocortisone
	DERMOTIC (fluocinolone)
	FLAC OTIC OIL (fluocinolone)
	hydrocortisone/acetic acid
	OTOVEL (ciprofloxacin/fluocinolone)

17. **Platelet Stimulating Agents:**

MedImpact recommended designating Doptelet Sprinkle as non-preferred. Dr. Williamson moved to accept the recommendation. Dr. Minor seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

PLATELET STIMULATING AGENTS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
NPLATE (romiplostim)	ALVAIZ (eltrombopag)
PROMACTA (eltrombopag) tablet	DOPTELET (avatrombopag)
	DOPTELET SPRINKLE (avatrombopag maleate)
	MULPLETA (lusutrombopag)
	PROMACTA (eltrombopag) packet
	TAVALISSE (fostamatinib)

18. **Urea Cycle Disorder Agents:**

MedImpact recommended designating glycerol phenylbutyrate as non-preferred. Dr. Williamson moved to accept the recommendation. Dr. Chaney seconded the motion. Votes were taken, and the motion carried, resulting in the recommendation's approval. The approved category details are provided in the table below, with the changes highlighted in yellow.

UREA CYCLE DISORDER AGENTS	
PREFERRED AGENTS	**NON-PREFERRED AGENTS**
CARBAGLU (carglumic acid)	BUPHENYL (sodium phenylbutyrate)
	carglumic acid
	glycerol phenylbutyrate
	OLPRUVA (sodium phenylbutyrate)
	PHEBURANE (sodium phenylbutyrate)
	RAVICTI (glycerol phenylbutyrate)

VIII. Other Business

The Committee discussed appropriate use of Otic Antibiotics as well as the rationale for formulary placement for ciprofloxacin/dexamethasone otic drops.

IX. Division of Medicaid update

Mrs. Kirby discussed the receipt of funding for the development of a Rural Health Transformation Program. Additional information is available on the Mississippi Division of Medicaid website. (Link: Rural Health Transformation Program - Mississippi Division of Medicaid)

Mr. Smith discussed the Mississippi Drug Utilization Review (DUR) Board's work to examine the utilization of glucagon-like peptide-1 (GLP-1 RA) receptor antagonists as anti-obesity medications (AOMs) among Mississippi Medicaid members. The full report is available on the DUR Board website. (Link: 2025-09 - MS-DUR Board Report - GLP-1 AOM outcomes pt1 v4.pdf | Powered by Box)

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

X. Remaining 2026 Meeting Dates

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

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

XI. Adjournment

The meeting adjourned at 12:12 PM CDT.