



**MISSISSIPPI DIVISION OF MEDICAID
PHARMACY & THERAPEUTICS COMMITTEE MEETING
TUESDAY, MAY 12, 2026
10:00 AM TO 2:00 PM CDT
TABLE 100, FLOWOOD, MS
LIVE-STREAMED
MEETING MINUTES**

Committee Members Present:

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

Committee Members Not Present:

D. Stanley Hartness, MD
S. Caleb Williamson, PharmD

Division of Medicaid Staff Present:

Terri Kirby, BSP Pharm, RPh
Amy Ly-Ha, PharmD
Dennis Smith, BSP Pharm, RPh
Robert Besinger, MD

MedImpact Staff Present:

Laureen Biczak, DO, FIDSA
Kevin Chang, PharmD, BCPS
Daniel Inboden, PharmD, MBA, BCPS
Robin Traver, PharmD, MBA
Christy Easterling

Other Contract Staff Present:

Tricia Banks, PharmD, Gainwell
Jenni Grantham, PharmD, Magnolia
Jessica Lawson, TrueCare
Buddy Ogletree, PharmD, Telligen
Eric Pittman, PharmD, PhD, University
of Mississippi School of Pharmacy

Attendance Chart

Committee Member	Feb 2024	May 2024	Aug 2024	Oct 2024	Feb 2025	May 2025	Aug 2025	Oct 2025	Feb 2026	May 2026
Chaney				X	X	X	X	X	X	X
Gilchrist	X		X	X	X	X	X	X	X	X
Davis							X	X		X
Hartness	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	X
Moll							X	X		X
Turman	X	X	X	X	X		X		X	X
Weiland		X	X		X		X	X		X
Wilbanks	X	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 10:07 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 May 12, 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 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 April 2026, the total beneficiary count was 642,533.

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 U.S. 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 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 stated that DOM actively 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 two to three 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 all 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 June 12, 2026. The implementation for Preferred Drug List (PDL) changes discussed today would take effect July 1, 2026.

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

IV. Approval of October 21, 2025, and February 10, 2026, Meeting Minutes

Mrs. Wilbanks asked for acceptance and approval of any additions or corrections to the minutes of the October 21, 2025, and February 10, 2026, meetings. 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 first quarter of 2026, 98.23% 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

Elizabeth Lubelczyk from Lilly presented information regarding Mounjaro, Foundayo, and Zepbound.

VII. New Drug/New Generic Reviews

MedImpact reviewed the organization of the financial information in the confidential Red Binders with the committee members.

The proposed PDL changes were discussed as follows:

1. Analgesics, Opioid-Short Acting: Xyvona (levorphanol) - *Financial Review Only*

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
acetaminophen/caffeine/dihydrocodeine	ASCOMP WITH CODEINE (aspirin/butalbital/caffeine/codeine)
acetaminophen/codeine	aspirin/butalbital/caffeine/codeine
codeine	butalbital/acetaminophen/caffeine/codeine
ENDOCET (oxycodone/acetaminophen)	butorphanol
hydrocodone/acetaminophen	carisoprodol/aspirin/codeine
hydromorphone	DILAUDID (hydromorphone)
morphine sulfate	FIORICET WITH CODEINE (butalbital/acetaminophen/codeine)
oxycodone	hydrocodone/ibuprofen
oxycodone/acetaminophen (325 mg acetaminophen formulations)	levorphanol
tramadol 50 mg tablet	meperidine
tramadol/acetaminophen	NALOCET (oxycodone/acetaminophen)
	oxymorphone
	pentazocine/naloxone
	PERCOCET (oxycodone/acetaminophen)
	PROLATE (oxycodone/acetaminophen)
	ROXICODONE (oxycodone)
	ROXYBOND (oxycodone)
	tapentadol
	tramadol 25 mg, 75 mg, 100 mg tablet
	tramadol solution
	XYVONA (levorphanol)

2. Anticonvulsants (Adjuvants): perampanel - *Financial Review Only*

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

highlighted in yellow.

PREFERRED AGENTS	NON-PREFERRED AGENTS
carbamazepine	APTOM (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)
	ROWEEPR (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

PREFERRED AGENTS	NON-PREFERRED AGENTS
	TRILEPTAL (oxcarbazepine) tablet
	TROKENDI XR (topiramate)
	vigabatrin
	VIGADRONE (vigabatrin)
	VIGAFYDE (vigabatrin)
	VIGPODER (vigabatrin)
	VIMPAT (lacosamide)
	XCOPRI (cenobamate)
	ZONISADE (zonisamide) suspension
	ZTALMY (ganaxolone)

3. Antineoplastics Selected Systemic Enzyme inhibitors: Ensacove (ensartinib hydrochloride), Komzifti (ziftomenib)

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
BOSULIF (bosutinib) tablet	AFINITOR (everolimus)
CAPRESLA (vandetanib)	AFINITOR DISPERZ (everolimus)
COMETRIQ (cabozantinib)	AKEEGA (niraparib/abiraterone)
COTELLIC (cobimetinib)	ALECENSA (alectinib)
ENSACOVE (ensartinib hydrochloride)	ALUNBRIG (brigatinib)
everolimus	AUGTYRO (repotrectinib)
GILOTRIF (afatinib)	AYVAKIT (avapritinib)
IBTROZI (taletrectinib)	BALVERSA (erdafitinib)
ICLUSIG (ponatinib)	BOSULIF (bosutinib) capsule
imatinib	BRAFTOVI (encorafenib)
IMBRUVICA (ibrutinib)	BRUKINSA (zanubrutinib)
INLYTA (axitinib)	CABOMETYX (cabozantinib)
IRESSA (gefitinib)	CALQUENCE (acalabrutinib)
JAKAFI (ruxolitinib)	COPIKTRA (duvelisib)
JAKAFI XR (ruxolitinib)	DANZITEN (nilotinib)
MEKINIST (trametinib)	dasatinib
NEXAVAR (sorafenib)	DAURISMO (glasdegib)
ROZLYTREK (entrectinib)	ERIVEDGE (vismodegib)
SPRYCEL (dasatinib)	ERLEADA (apalutamide)
STIVARGA (regorafenib)	erlotinib
SUTENT (sunitinib)	FOTIVDA (tivozanib)
TAFINLAR (dabrafenib)	FRUZAQIA (fruquintinib)
TARCEVA (erlotinib)	GAVRETO (pralsetinib)
TASIGNA (nilotinib)	gefitinib
TURALIO (pexidartinib)	GLEEVEC (imatinib)

PREFERRED AGENTS	NON-PREFERRED AGENTS
TYKERB (lapatinib)	HERNEXEOS (zongertinib)
VOTRIENT (pazopanib)	HYRNUO (sevabertinib)
XALKORI (crizotinib)	IBRANCE (palbociclib)
XTANDI (enzalutamide)	IDHIFA (enasidenib)
ZELBORAF (vemurafenib)	IMKELDI (imatinib)
ZYDELIG (idelalisib)	INLURIYO (imlunestrant tosylate)
ZYKADIA (ceritinib)	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)
	LIFYORLI (relacorilant) ^{NR}
	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)
	ORSERDU (elacestrant)
	pazopanib
	PEMAZYRE (pemigatinib)
	PIQRAY (alpelisib)
	QINLOCK (ripretinib)
	RETEVMO (selpercatinib)
	REVUFORJ (revumenib)
	REZLIDHIA (olutasidenib)
	RUBRACA (rucaparib)
	RYDAPT (midostaurin)
	SCEMBLIX (asciminib)
	sorafenib

PREFERRED AGENTS	NON-PREFERRED AGENTS
	sunitinib
	TABRECTA (capmatinib)
	TAGRISSO (osimertinib)
	TALZENNA (talazoparib)
	TAZVERIK (tazemetostat)
	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)

4. Antiobesity Select Agents: Foundayo (orforglipron), Zepbound (tirzepatide)

MedImpact recommended designating Foundayo and Zepbound as preferred. Dr. Minor moved to accept the recommendation. Dr. Weiland seconded the motion. Votes were taken, and the motion carried, resulting in approval of the recommendation. The approved category details are provided in the table below, with the changes highlighted in yellow.

PREFERRED AGENTS	NON-PREFERRED AGENTS
FOUNDAYO (orforglipron)	liraglutide
SAXENDA (liraglutide)	orlistat
WEGOVY (semaglutide) ^{DUR+}	XENICAL (orlistat)
ZEPBOUND (tirzepatide)	

5. Antiretrovirals (Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)): rilpivirine - *Financial Review Only*

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
EDURANT (rilpivirine)	etravirine
efavirenz	INTELENCE (etravirine)
	nevirapine, nevirapine ER
	PIFELTRO (doravirine)
	rilpivirine

6. Bone Resorption Suppression and Related Agents (Others): Enoby (denosumab-qbde) - *Financial Review Only*, Xtrenbo (denosumab-qbde) - *Financial Review Only*

MedImpact recommended designating Enoby and Xtrenbo as preferred. Dr. Weiland moved to accept the recommendation. Dr. Davis seconded the motion. Votes were taken, and the motion carried, resulting in approval of the recommendation. The approved category details are provided in the table below, with the changes highlighted in yellow.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BILDYOS (denosumab-nxxp)	AUKELSO (denosumab-kyqq)
BILPREVDA (denosumab-nxxp)	BOMYNTRA (denosumab-bnht)
ENOBY (denosumab-qbde)	BONSITY (teriparatide)
FORTEO (teriparatide)	BOSAYA (denosumab-kyqq)
raloxifene	calcitonin salmon
XTRENBO (denosumab-qbde)	CONEXXENCE (denosumab-bnht)
	EVENITY (romosozumab-aqqg)
	EVISTA (raloxifene)
	JUBBONTI (denosumab-bbdz)
	MIACALCIN (calcitonin salmon)
	OSENVELT (denosumab-bmwo)
	PROLIA (denosumab)
	STOBOCLO (denosumab-bmwo)
	teriparatide
	TYMLOS (abaloparatide)
	WYOST (denosumab-bbdz)
	XGEVA (denosumab)

7. Bronchodilators and COPD Agents (Anticholinergics and COPD Agents): ipratropium HFA - *Financial Review Only*

MedImpact recommended designating ipratropium HFA as non-preferred. Dr. Weiland moved to accept the recommendation. Dr. Davis seconded the motion. Votes were taken, and the motion carried, resulting in approval of the recommendation. The approved category details are provided in the table below, with the changes highlighted in yellow.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ATROVENT HFA (ipratropium)	DALIRESP (roflumilast)
ipratropium solution	INCRUSE ELLIPTA (umeclidinium)
SPIRIVA HANDIHALER (tiotropium)	ipratropium HFA
SPIRIVA RESPIMAT (tiotropium)	OHTUVAYRE (ensifentrine)
	roflumilast
	tiotropium
	TUDORZA PRESSAIR (aclidinium)
	umeclidinium ellipta
	YUPELRI (revefenacin)

8. Calcium Channel Blockers (Long-Acting): Sdamlo (amlodipine) - *Financial Review Only*

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
amlodipine	diltiazem ER 12 HR
CARTIA XT (diltiazem)	diltiazem LA 24 HR
diltiazem ER 24 HR	KATERZIA (amlodipine)
diltiazem CD 24 HR	levamlodipine
diltiazem XR 24 HR	MATZIM LA (diltiazem)
DILT-XR 24 HR (diltiazem)	nisoldipine
felodipine	NORLIQVA (amlodipine)
nifedipine ER	NORVASC (amlodipine)
TAZTIA XT (diltiazem)	PROCARDIA XL (nifedipine)
TIADYLT ER (diltiazem)	SDAMLO (amlodipine)
verapamil ER	SULAR (nisoldipine)
verapamil SR	TIAZAC (diltiazem)
	verapamil PM
	VERELAN PM (verapamil)

9. Calcium Channel Blockers (Short-Acting): Cardamyst (etripamil)

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
diltiazem	CARDAMYST (etripamil)
nicardipine	isradipine
nifedipine	nimodipine
verapamil	NYMALIZE (nimodipine)

10. Cephalosporins and Related Antibiotics (Oral) (Cephalosporins Third Generation): cefixime suspension, tablet - *Financial Review Only*

MedImpact recommended designating cefixime suspension and tablet as non-preferred. Dr. Weiland moved to accept the recommendation. Dr. Moll seconded the motion. Votes were taken, and the motion carried, resulting in approval of the recommendation. The approved category details are provided in the table below, with the changes highlighted in yellow.

PREFERRED AGENTS	NON-PREFERRED AGENTS
cefdinir	cefixime suspension, tablet
cefixime capsule	SUPRAX (cefixime)
cefpodoxime	

11. Fibromyalgia/Neuropathic Pain Agents: milnacipran - *Financial Review Only*

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

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)
	milnacipran
	NEURONTIN (gabapentin)
	pregabalin ER
	RELGAABI (gabapentin)
	TONMYA (cyclobenzaprine)

12. Glucocorticoids (Inhaled) (Glucocorticoids): beclomethasone - *Financial Review Only*

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
ASMANEX (mometasone)	ALVESCO (ciclesonide)
budesonide 0.25 mg and 0.5 mg	ARMONAIR DIGIHALER (fluticasone)
fluticasone	ARNUITY ELLIPTA (fluticasone)
fluticasone diskus	ASMANEX HFA (mometasone)
fluticasone HFA	beclomethasone
QVAR REDIHALER (beclomethasone)	budesonide 1 mg
	FLOVENT HFA (fluticasone)
	FLOVENT DISKUS (fluticasone)
	PULMICORT (budesonide) nebulizer solution

13. Hypoglycemics, Incretin Mimetics/Enhancers: Mounjaro (tirzepatide) - *Financial Review Only*

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
BYETTA (exenatide)	BYDUREON (exenatide)
MOUNJARO (tirzepatide)	exenatide
TRULICITY (dulaglutide)	liraglutide
VICTOZA (liraglutide)	OZEMPIC (semaglutide)
	RYBELSUS (semaglutide)
	SOLIQUA (insulin glargine/lixisenatide)
	SYMLINPEN (pramlintide)
	XULTOPHY (insulin degludec/liraglutide)

14. Immune Globulins: Gammagard ERC - *Financial Review Only*, Qivigy - *Financial Review Only*

MedImpact recommended designating Gammagard ERC and Qivigy as non-preferred. Dr. Weiland moved to accept the recommendation. Dr. Davis seconded the motion. Votes were taken, and the motion carried, resulting in approval of the recommendation. The approved category details are provided in the table below, with the changes highlighted in yellow.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BIVIGAM	ALYGLO
FLEBOGAMMA	ASCENIV
GAMASTAN	CABLIVI
GAMMAGARD	CUTAQUIG
GAMMAGARD S-D	CUVITRU
GAMUNEX-C	GAMMAGARD ERC
HIZENTRA	GAMMAKED
HYQVIA	GAMMAPLEX
PANZYGA	OCTAGAM
PRIVIGEN	QIVIGY
XEMBIFY	

15. Miscellaneous Brand/Generic (Familial Chylomicronemia Syndrome):

Redemplo (plozasiran sodium)

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
	REDEMPLO (plozasiran sodium)
	TRYNGOLZA (olezarsen)

16. Miscellaneous Brand/Generic (Miscellaneous): Myqorzo (aficamten)

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
megestrol	BLUJEPA (gepotidacin)
REVLIMID (lenalidomide)	BRINSUPRI (brensocatib)
	CAMZYOS (mavacamten)
	CRENESSITY (crinecerfont)
	ERGOMAR (ergotamine)
	EVRYSDI (risdiplam)
	HARLIKU (nitisinone)
	KORLYM (mifepristone)
	lenalidomide
	MYQORZO (aficamten)
	PALSONIFY (paltusotine)
	pomalidomide
	POMALYST (pomalidomide)
	RHAPSIDO (remibrutinib)
	TARPEYO (budesonide)
	VERQUVO (vericiguat)

17. NSAIDS (COX II Selective): Zybic (meloxicam) - *Financial Review Only*

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
CELEBREX (celecoxib)	ELYXYB (celecoxib)
celecoxib	meloxicam capsule
meloxicam tablet	VYSCOX (celecoxib)
	ZYBIC (meloxicam)

18. NSAIDS (Non-Selective): Orudis (ketoprofen) - *Financial Review Only*

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
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	ibuprofen 300 mg
ketorolac	indomethacin suppository
nabumetone	ketoprofen
naproxen 250 mg, 500 mg	LOFENA (diclofenac potassium)
piroxicam	meclofenamate
sulindac	mefenamic acid
	NALFON (fenoprofen)
	NAPRELAN (naproxen)
	NAPROSYN 375 mg (naproxen)
	naproxen 375 mg, naproxen CR 375 mg, naproxen ER 500 mg
	ORUDIS (ketoprofen)
	oxaprozin
	RELAFEN DS (nabumetone)
	TOLECTIN (tolmetin)
	tolmetin

19. Ophthalmic Agents (Antibiotic): besifloxacin - *Financial Review Only*

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
bacitracin/polymyxin	AZASITE (azithromycin)
ciprofloxacin	bacitracin
erythromycin	besifloxacin
gentamicin	BESIVANCE (besifloxacin)
moxifloxacin	CILOXAN (ciprofloxacin)
ofloxacin	gatifloxacin
polymyxin B/trimethoprim	NATACYN (natamycin)
tobramycin	neomycin/bacitracin/polymyxin
	OCUFLOX (ofloxacin)
	sulfacetamide
	TOBREX (tobramycin)
	VIGAMOX (moxifloxacin)

20. Ophthalmic Agents (Antibiotic-Steroid Combinations):

tobramycin/loteprednol - *Financial Review Only*

MedImpact recommended designating tobramycin/loteprednol as non-preferred. Dr. Weiland moved to accept the recommendation. Dr. Davis seconded the motion. Votes were taken, and the motion carried, resulting in approval of the recommendation. The approved category details are provided in the table below, with the changes highlighted in yellow.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BLEPHAMIDE S.O.P. (sulfacetamide/prednisolone)	MAXITROL (neomycin/polymyxin/dexamethasone)
neomycin/bacitracin/polymyxin/hydrocortisone	neomycin/polymyxin/gramicidin
neomycin/polymyxin/dexamethasone	TOBRADEX ST (tobramycin/dexamethasone)
PRED-G (gentamicin/prednisolone)	tobramycin/loteprednol
sulfacetamide/prednisolone	
TOBRADEX (tobramycin/dexamethasone)	
tobramycin/dexamethasone	
ZYLET (tobramycin/loteprednol)	

21. Stimulants and Related Agents (Long-Acting): Arynta (lisdexamfetamine)

solution - *Financial Review Only*

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
ADDERALL XR (dextroamphetamine/amphetamine)	ADZENYS XR ODT (amphetamine)
CONCERTA (methylphenidate)	amphetamine ER ODT (generic ADZENYS XR ODT)
dexmethylphenidate ER	APTENSIO XR (methylphenidate)
dextroamphetamine ER	ARYNTA (lisdexamfetamine) solution
dextroamphetamine/amphetamine ER (generic ADDERALL XR)	AZSTARYS (serdexmethylphenidate/dexmethylphenidate)
DYANAVEL XR (amphetamine) suspension	COTEMPLA XR ODT (methylphenidate)
lisdexamfetamine	DAYTRANA (methylphenidate)
methylphenidate CD	DEXEDRINE (dextroamphetamine)
methylphenidate ER tablet	dextroamphetamine/amphetamine ER (generic MYDAYIS ER)
methylphenidate LA	DYANAVEL XR (amphetamine) tablets
QUILLICHEW ER (methylphenidate)	FOCALIN XR (dexmethylphenidate)
QUILLIVANT XR (methylphenidate)	JORNAY PM (methylphenidate)
VYVANSE (lisdexamfetamine) capsules	methylphenidate patch
	methylphenidate ER capsule
	MYDAYIS (dextroamphetamine/amphetamine)
	RELEXXII (methylphenidate)
	RITALIN LA (methylphenidate)
	VYVANSE (lisdexamfetamine) chewable tablets
	XELSTRYM (dextroamphetamine)

VIII. Other Business

There was no other business discussed during the meeting.

IX. Division of Medicaid Update

Daneel Konnar of the Governor's Office discussed the development of the Rural Health Transformation Program. Also, he provided the following website for additional information - [Mississippi Rural Health Transformation Program - Mississippi RHT Program](#).

Dr. Amy Ly-Ha provided information on the open position of Program Coordinator. This position will support implementation of the CMS Cell and Gene Therapy (CGT) Access Model, specifically for members receiving sickle cell disease therapies. Details of the position provided can be found here: [Program Coordinator | Mississippi Division of Medicaid - Bids & Rfps](#).

Mrs. Kirby thanked the committee members for their participation in this meeting.

X. Remaining 2026 Meeting Dates

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

1. Tuesday, August 11, 2026
2. Tuesday, October 27, 2026

XI. Adjournment

The meeting adjourned at 11:41 AM CDT.