MISSISSIPPI DIVISION OF MEDICAID
PHARMACY & THERAPEUTICS COMMITTEE MEETING
TUESDAY, AUGUST 11, 2026
10:00 AM TO 2:00 PM CDT
TABLE 100, FLOWOOD, MS
LIVE-STREAMED
MEETING MINUTES

Committee Members Present:

Dereck Davis, MD
Ann Franklin, PharmD
D. Stanley Hartness, MD
Karen Maltby, MD
Deborah Minor, PharmD
Teresa Moll, MD
Trey Warnock, PharmD
Geri Lee Weiland, MD
Wilma J. Wilbanks, BSPharm, RPh

Committee Members Not Present:

Pat Chaney, MD
Brad Gilchrist, PharmD
Louise Turman, PharmD

Division of Medicaid Staff Present:

Cindy Bradshaw, Executive Director
Robert Besinger, MD
Terri Kirby, BSPharm, RPh
Dennis Smith, BSPharm, RPh

MedImpact Staff Present:

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

Other Contract Staff Present:

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

Attendance Chart

Committee Member	Feb 2024	May 2024	Aug 2024	Oct 2024	Feb 2025	May 2025	Aug 2025	Oct 2025	Feb 2026	May 2026	Aug 2026
Chaney				X	X	X	X	X	X	X	
Gilchrist	X		X	X	X	X	X	X	X	X	
Davis							X	X		X	X
Franklin											X
Hartness	X	X	X		X	X	X				X
Maltby		X	X	X	X	X	X	X		X	X
Minor	X	X	X	X	X	X	X	X	X	X	X
Moll							X	X		X	X
Turman	X	X	X	X	X		X		X	X	
Weiland		X	X		X		X	X		X	X
Wilbanks	X	X	X	X		X	X	X	X	X	X
Warnock	X								X		X

I. Call to Order

Wilma J. Wilbanks, RPh, Chair, called the meeting to order at 10:16 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 August 11, 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 informed the committee and guests that Dr. Gilchrist and Dr. Minor have been reappointed by the Governor to serve another term. And welcomed two new appointees, Dr. Franklin and Dr. Warnock.

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 July 2026, the total beneficiary count was 694,432.

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 16 state Medicaid programs. These 16 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 New Drug Reviews 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 September 11, 2026. The implementation for Preferred Drug List (PDL) changes discussed today would take effect October 1, 2026.

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

IV. Approval of May 12, 2026, Meeting Minutes

Mrs. Wilbanks asked for acceptance and approval of any additions or corrections to the minutes of the May 12, 2026, 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 second quarter of 2026, 98.1% 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

Kyle Herndon from Merck & Co. presented information regarding Idvynso.

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. **Antimetics – NMDA Receptor Antagonists:** Nereus (tradipitant)

   MedImpact recommended designating Nereus as non-preferred. Dr. Weiland moved to accept the recommendation. Dr. Hartness 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
aprepitant	EMEND (aprepitant)
	NEREUS (tradipitant)

2. **Antineoplastics Selected Systemic Enzyme Inhibitors:** Lifyorli (relacorilant), Veppanu (vepdegestrant), Yulithira (everolimus)

   MedImpact recommended designating Lifyorli and Veppanu as non-preferred and Yulithira 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
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)	CAVHANZA (nilotinib)
JAKAFI XR (ruxolitinib)	COPIKTRA (duvelisib)
MEKINIST (trametinib)	DANZITEN (nilotinib)
NEXAVAR (sorafenib)	dasatinib
ROZLYTREK (entrectinib)	DAURISMO (glasdegib)

PREFERRED AGENTS	NON-PREFERRED AGENTS
SPRYCEL (dasatinib)	ERIVEDGE (vismodegib)
STIVARGA (regorafenib)	ERLEADA (apalutamide)
SUTENT (sunitinib)	erlotinib
TAFINLAR (dabrafenib)	FOTIVDA (tivozanib)
TARCEVA (erlotinib)	FRUZAQIA (fruquintinib)
TASIGNA (nilotinib)	GAVRETO (pralsetinib)
TURALIO (pexidartinib)	gefitinib
TYKERB (lapatinib)	GLEEVEC (imatinib)
VOTRIENT (pazopanib)	HERNEXEOS (zongertinib)
XALKORI (crizotinib)	HYRNUO (sevabertinib)
XTANDI (enzalutamide)	IBRANCE (palbociclib)
YULITHIRA (everolimus)	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)
	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)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	QINLOCK (ripretinib)
	RETEVMO (selpercatinib)
	REVUFORJ (revumenib)
	REZLIDHIA (olutasidenib)
	RUBRACA (rucaparib)
	RYDAPT (midostaurin)
	SCEMBLIX (asciminib)
	sorafenib
	sunitinib
	TABRECTA (capmatinib)
	TAGRISSO (osimertinib)
	TALZENNA (talazoparib)
	TAZVERIK (tazemetostat)
	TEPMETKO (tepotinib)
	TIBSOVO (ivosidenib)
	TORPENZ (everolimus)
	TRUQAP (capivasertib)
	TUKYSA (tucatinib)
	VANFLYTA (quizartinib)
	VEPPANU (vepdegestrant)
	VERZENIO (abemaciclib)
	VITRAKVI (larotrectinib)
	VIZIMPRO (dacomitinib)
	VONJO (pacritinib)
	VORANIGO (vorasidenib)
	WELIREG (belzutifan)
	XOSPATA (gilteritinib)
	XPOVIO (selinexor)
	ZEJULA (niraparib)

3. **Antipsychotics - Oral:** Bysanti (milsaperidone)

   MedImpact recommended designating Bysanti as non-preferred. Dr. Minor moved to accept the recommendation. Dr. Warnock 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
aripiprazole tablet	ABILIFY (aripiprazole)
asenapine	ABILIFY MYCITE (aripiprazole)
clozapine tablet	ADASUVE (loxapine)
fluphenazine	aripiprazole ODT, solution
haloperidol	BYSANTI (milsaperidone)
haloperidol lactate	CAPLYTA (lumateperone)
lurasidone	chlorpromazine
olanzapine	clozapine ODT

PREFERRED AGENTS	NON-PREFERRED AGENTS
perphenazine	CLOZARIL (clozapine)
perphenazine/amitriptyline	COBENFY (xanomeline/trospium)
quetiapine	FANAPT (iloperidone)
quetiapine ER	GEODON (ziprasidone)
risperidone	IGALMI (dexmedetomidine)
thioridazine	INVEGA (paliperidone)
trifluoperazine	LATUDA (lurasidone)
ziprasidone	LYBALVI (olanzapine/samidorphan)
	molindone
	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)

4. **Antiretrovirals – Combination Products Nucleoside & Nucleotide Analogs & NNRTIs:** Idvynso (doravirine/islatravir)

   MedImpact recommended designating Idvynso as non-preferred. Dr. Warnock 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
DELSTRIGO (doravirine/lamivudine/tenofovir)	ATRIPLA (efavirenz/emtricitabine/tenofovir)
efavirenz/emtricitabine/tenofovir	CIMDUO (lamivudine/tenofovir)
ODEFSEY (emtricitabine/rilpivirine/tenofovir)	COMPLERA (emtricitabine/rilpivirine/tenofovir)
	IDVYNSO (doravirine/islatravir)

5. **Antivirals Oral – COVID-19:** Xocova (ensitrelvir)

   MedImpact recommended designating Xocova as non-preferred. Dr. Weiland moved to accept the recommendation. Dr. Franklin 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
PAXLOVID (nirmatrelvir/ritonavir)	XOCOVA (ensitrelvir)

6. **Bile Salts:** Lynavoy (linerixibat)

   MedImpact recommended designating Lynavoy 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
ursodiol	BYLVAY (odevixibat)
	CHENODAL (chenodiol)
	IQIRVO (elafibranor)
	LIVDELZI (seladelpar)
	LIVMARLI (maralixibat)
	LYNAVOY (linerixibat)
	OCALIVA (obeticholic acid)
	RELTONE (ursodiol)
	URSO FORTE (ursodiol)

7. **Cytokine and CAM Antagonists:** Icotyde (icotrokinra HCl)

   MedImpact recommended designating Icotyde as non-preferred. Dr. Hartness moved to accept the recommendation. Dr. Warnock 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
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)	AVTOZMA (tocilizumab-anoh)
ORENCIA CLICKJECT (abatacept)	AVTOZMA AUTOINJECTOR (tocilizumab-anoh)
ORENCIA VIAL (abatacept)	BIMZELX (bimekizumab-bkzx)
OTEZLA (apremilast)	CIMZIA (certolizumab)
PYZCHIVA (ustekinumab-ttwe)	COSENTYX (secukinumab)
RINVOQ (upadacitinib)	ENTYVIO (vedolizumab)
RINVOQ LQ (upadacitinib)	HULIO (adalimumab-fkjp)

PREFERRED AGENTS	NON-PREFERRED AGENTS
SELARSDI (ustekinumab-aekn)	HYRIMOZ (adalimumab-adaz)
SIMPONI (golimumab)	ICOTYDE (icotrokinra)
STARJEMZA (ustekinumab-hmny)	IDACIO (adalimumab-aacf)
TALTZ (ixekizumab)	ILARIS (canakinumab)
TYENNE (tocilizumab-aazg)	ILUMYA (tildrakizumab-asmn)
ustekinumab-aauz	INFLECTRA (infliximab-dyyb)
XELJANZ (tofacitinib) tablet	infliximab
YUFLYMA (adalimumab-aaty)	JYLAMVO (methotrexate)
	KEVZARA (sarilumab)
	LEQSELVI (deuruxolitinib)
	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)
	STEQEYMA (ustekinumab-stba)
	TOFIDENCE (tocilizumab-bavi)
	tofacitinib
	TREMFYA (guselkumab)
	TREXALL (methotrexate)
	ustekinumab
	ustekinumab-aekn
	ustekinumab-ttwe
	XATMEP (methotrexate)
	XELJANZ (tofacitinib) solution
	XELJANZ XR (tofacitinib)
	YESINTEK (ustekinumab-kfce)
	YUSIMRY (adalimumab-aqvh)
	ZYMFENTRA (infliximab-dyyb)

8. **Factor Deficiency Products – Other Hemophilia Products:** Fesilty (fibrinogen, human-chmt)

   MedImpact recommended designating Fesilty 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
COAGADEX (factor X)	ALHEMO (concizumab-mtci)
FESILTY (fibrinogen)	CORIFACT (factor XIII)
FIBRYGA (fibrinogen)	HYMPAVZI (marstacimab-hncq)
HEMLIBRA (emicizumab-kxwh) DUR+	NOVOSEVEN RT (factor VII)
RIASTAP (fibrinogen)	QFITLIA (fitusiran)
	SEVENFACT (factor VII)
	TRETTEN (factor XIII)

9. **Idiopathic Pulmonary Fibrosis:** nintedanib (except Dexcel Pharma brand), Ofev (nintedanib)

MedImpact recommended designating nintedanib as preferred and Ofev 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
nintedanib (except Dexel Pharma brand)	ESBRIET (pirfenidone)
pirfenidone	JASCAYD (nerandomilast)
	nintedanib (Dexcel Pharma brand)
	OFEV (nintedanib)

10. **Pulmonary Antihypertensives – Endothelin Receptor Antagonists:** macitentan (except Apotex brand)

MedImpact recommended designating macitentan as preferred. Dr. Warnock 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
ambrisentan	macitentan (Apotex brand)
bosentan	OPSUMIT (macitentan)
LETAIRIS (ambrisentan)	TRACLEER (bosentan)
macitentan (except Apotex brand)	TRYVIO (aprocitentan)

VIII. Other Business

There was no other business discussed during the meeting.

IX. Division of Medicaid Update

DOM posted Public Notice on July 27, 2026, for the Medicaid State Plan Amendment (SPA) 260009 340B Drugs Ceiling Price. The intent of this change is to reimburse the ingredient cost of 340B purchased drugs no more than the 340B Ceiling Price.

Dennis Smith provided details on Jill's Law which was passed during the last legislative session, with an effective date of July 1, 2026. This law requires insurers in the state of Mississippi, including Medicaid, to pay for biomarker testing. The Division of Medicaid has been working on bringing the current system into compliance with this law.

Mrs. Kirby introduced Amber Finley as the new Program Coordinator. In this role, she will support implementation of the CMS Cell and Gene Therapy (CGT) Access Model, specifically for members receiving sickle cell disease therapies.

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, October 27, 2026

XI. Adjournment

The meeting adjourned at 12:00 PM CDT.