



NOTICE OF WITHDRAWAL OF PROPOSED RULE

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Ginnie McCardle
Robert E. Lee Building
239 N. Lamar Street
Suite 801
Jackson, MS 39201-1399
(601) 359-6310

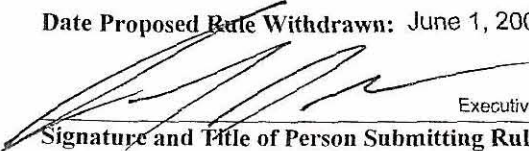
Date Rule Proposed: May 30, 2007

Name of proposed rule being withdrawn:
AP 2007-21 Update to the Preferred Drug List (PDL)

Explanation of the purpose of the proposed rule and the reason(s) for proposing the rule:
To update the drug list preferred by the Division of Medicaid.

Reason(s) for withdrawing the proposed rule:
The Division wanted to remove Symbyax and Zyprexa from the preferred drug list.

Date Proposed Rule Withdrawn: June 1, 2007


Executive Director
Signature and Title of Person Submitting Rule for Filing

MISSISSIPPI DIVISION OF MEDICAID
PREFERRED DRUG LIST



The agents listed below are preferred products on the Mississippi Medicaid Preferred Drug List (PDL). The preferred drug list is a medication list recommended to the Division of Medicaid by the Pharmacy and Therapeutics Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for their efficaciousness, clinical significance, cost effectiveness and safety for Medicaid beneficiaries.

Most generic agents are preferred, do not require prior authorization, and are not individually listed below. Unless otherwise specified, the listing of a particular brand or generic name includes all dosage forms of that drug. For more information concerning the PDL including non-preferred agents, the OTC formulary and other specifics please visit our website at www.dom.state.ms.us.

List Effective 7-1-2007

<p><u>ALLERGY</u> <i>Antihistamines & Antihistamine</i> <u>Decongestant Combos.</u> <i>First Generation</i> Pedialex™, Pedialex™ D Pedialex™ 12 & 12-D Paigic® Vazol™/Vazol™ D <i>Second Generation</i> Astellin Nasal Spray® Clarinet® Loratadine Zyrtec®</p> <p><u>ANALGESICS</u> <i>Cox- 2</i> None <i>NSAIDS</i> Generics only <i>Narcotics</i> Avinza® Kadian®</p> <p><u>ANTIBIOTICS (Oral)</u> <i>Cephalosporins</i> Ceftin® Suspension Omnicef® Suprax® Suspension <i>Macrolides</i> Biaxin XL® Zithromax® Suspension <i>Miscellaneous</i> Cleocin Ped.Soln® <i>Penicillins</i> Generics only <i>Penicillin Combinations</i> Augmentin® (versions not available generically) Augmentin XR® <i>Quinolones</i> Avelox® <i>Sulfonamides</i> Gantrisin® Susp <i>Tetracyclines</i> Generics only</p> <p><u>ANTIBIOTICS (OTIC)</u> Ciprodex® Floxin®</p> <p><u>ANTICOAGULANTS- INJECTABLE</u> Arixtra™ Lovenox®</p> <p><u>ANTIFUNGALS (Oral)</u> Grifulvin V® Gris-PEG® Lamisil®</p>	<p><u>ANTIPROTOZOAL</u> Alinia®</p> <p><u>ANTIVIRAL</u> Copegus® Tabs Hepsera® Rebetol® Syrup Valcyte® Valtrex®</p> <p><u>BPH AGENTS</u> Avodart® Flomax® Uroxatral®</p> <p><u>CARDIOVASCULAR</u> <i>ACE Inhibitors</i> Altace® <i>ACE Inhibitor/Diuretics</i> Generics Only <i>ACE/CCB Combinations</i> Lexxel® Lotrel® Tarka®</p> <p><i>ARBs&Combinations</i> Avapro®/ Avalide® Benicar™/ BenicarHCT™ Diovan®/Diovan HCT</p> <p><i>Beta-Blockers</i> Coreg®/Coreg CR™ Toprol XL®</p> <p><i>Beta-Blocker/Diuretics</i> Generics Only <i>Calcium Channel Blockers</i> Nervase® Generics only <i>CCB/Antihyperlipidemic</i> Caduet®</p> <p><i>Diuretics& Aldosterone Receptor Antagonists</i> Generics Only <i>Platelet Aggregation Inhibitors</i> Aggrenox™ Clopidogrel</p> <p><i>Renin Inhibitors</i> None</p> <p><u>CENTRAL NERVOUS SYSTEM AGENTS</u> <i>ADHD</i> Adderall®-XR Concerta™ Daytrana® Focalin®/ Focalin® XR Metadate® CD Strattera® <i>Alzheimer's Agents</i></p>	<p>Aricept® Exelon® Namenda®</p> <p><i>Anti-anxiety</i> Generics only <i>Anticonvulsants</i> Carbatrol® Depakote®/Depakote®ER Dilantin® Equetro™ Gabitril® Keppra® Lamictal® Lyricea® Trileptal® Topamax® Tegretol®XR</p> <p><i>Antidepressants</i> Effexor XR® Wellbutrin XL®</p> <p><i>Antipsychotics</i> Geodon® Risperdal® Symbyax™ Zyprexa®</p> <p><i>Sedative/Hypnotics</i> Ambien® CR Lunesta™ Rozerem™</p> <p><i>Skeletal Muscle Relaxants</i> Generics only <i>5-HT3-Receptor Antagonists</i> <i>Misc. Antiemetics</i> Zofran®</p> <p><u>DIABETES</u> <i>Incretin Mimetics</i> Byetta™ <u>INSULINS</u> <i>ALL Novo Nordisk products</i> Apidra™ Lantus® (Vial) <i>Oral Agents</i> Actos® ACTOplus Met™ Avandamet™ Avandia™ Avandia® Duetact™ Januvia™/Janumet™ Prandin® Starlix®</p>	<p><u>DIGESTIVE HEALTH AGENTS</u> Asacol® Canasa® Dipentum® Entocort-EC® Lialda Pentasa®</p> <p><u>DISEASE-SPECIFIC IMMUNOSUPPRESSANTS</u> Enbrel® Humira® Raptiva®</p> <p><u>ELECTROLYTE DEPLETERS</u> Fosrenol® Magnebind® Rx PhosLo® Renagel®</p> <p><u>ESTROGENS-PROGESTINS</u> Premarin® Premphase® Prempro®</p> <p><u>GASTRO-INTEST. AGENTS</u> <i>H-2 Blockers</i> Axid® Solution Zantac® Syrup Generics only <i>PPIs</i> Prevacid® Zegerid® <i>Misc.</i> Zelnorm®</p> <p><u>GROWTH HORMONES</u> Genotropin® Nutropin®/Nutropin®AQ Norditropin® Saizen® Serostim® Tev-Tropin®</p> <p><u>G-U RELAXANTS</u> Detrol®/Detrol® LA Enablex®</p> <p><u>HEMATOPOIETIC</u> Aranesp® Procrit®</p> <p><u>LAXATIVES(Rx)</u> Generics Only Amfiza®</p> <p><u>LIPIDS</u> Advicor®</p>
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MISSISSIPPI DIVISION OF MEDICAID
PREFERRED DRUG LIST



Crestor®
Lipitor®
Niaspan®
Omacor®
Tricor®
Vytorin®
Zetia®
MIGRAINE
Imitrex®
Maxalt®
OSTEOPOROSIS

Boniva®
Evista®
Fosamax®
Miacalcin®

RESPIRATORY AGENTS

Advair®
Asmanex®
Azmacort®
Combivent®
Duoneb®
Flovent®
Intal® Aerosol Inhaler
Maxair®
ProAir® HFA
Proventil® HFA
Pulmicort® Flexhaler
Pulmicort Respules®
Serevent-Diskus®
Singular®
Spiriva®
Tilade®
QVAR®
Ventolin® HFA
Xopenex HFA™
Xopenex® Inhalation Sol.

Smooth Muscle Relaxants & Combinations
Generics Only

Nasal Corticosteroids

Flonase®
Nasonex®

THYROID/ANTI-THYROID AGENTS

All Brands & Generics

TOPICAL AGENTS

Acne Preparations (Under Age 21 only)

BenzaClin®
Benzamycin® Pak
Duac™
Evoclin™
Klaron®
NuOx
Suphera™
Tazorac®
Zaclir

Anti-inflammatory Agents

Locoid-Lipogream®

Antibacterial Agents

MetroGel® Vaginal

Clindesse®

Antifungals

Naftin®

Vusion™

Antipruritic

None

Antiviral

None

Miscellaneous-Skin and Mucous Membrane Agents

Aldara®
Elidel®
Seroids & Potentrioids Agents
Eumax®
Ovide®
permethrin

Effective 7/1/07 through
12/31/07