

**Mississippi Division of Medicaid**  
**Alphabetical Preferred Drug List (by brand name)**

The agents listed below are preferred products on the Mississippi Medicaid Preferred Drug List (PDL). The PDL is a medication list recommended to the Division of Medicaid by the Pharmacy and Therapeutics (P&T) Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for the 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.medicaid.ms.gov](http://www.medicaid.ms.gov).

List Effective 1/1/11

ABILIFY	<del>AVANDIA</del>	CORTISPORIN-TC	FLECTOR	LAMICTAL ODT	NIACOR	REBIF	TRILIPIX
ACCOLATE	AVAPRO	COSOPT	FLOMAX	LAMICTAL XR	NIASPAN	RELPAK	TRUSOPT
<b>ACTIGALL</b>	AVELOX	<b>COUMADIN</b>	FLOVENT	LANTUS	NOVOLIN	RENAGEL	<del>ULTRAVATE</del>
ACTONEL	AVODART	COVERA-HS	FLOXIN	LESCOL	NOVOLOG	REVELA	<b>URSO</b>
ACTONEL W/CALCIUM	AVONEX	COZAAR	FML FORTE	LESCOL XL	NOVOLOG MIX	RETIN-A MICRO	<b>URSO FORTE</b>
ACTOPLUS MET	<b>AZASAN</b>	CREON	FML SOP	LETAIRIS	NUOX	REVATIO	UROXATRAL
ACTOS	AZASITE	DAYTRANA	FOCALIN	LEVEMIR	NUTROPIN	<b>SCANDISHAKE</b>	<del>VALTREX</del>
ADDERALL XR	AZELEX	DEPAKOTE ER	FOCALIN XR	LIDODERM	NUTROPIN AQ	<b>SANDIMMUNE</b>	VANAZOLE
ADVAIR	AZOPT	DEPAKOTE SPRINKLE	FORADIL	LIPITOR	ONGLYZA	SAPHRIS	VENTOLIN HFA
AEROBID	AZOR	DESONATE	FORTICAL	LOTEMAX	OPTIVAR	SAVELLA	VERAMYST
AEROBID-M	BENICAR	DETROL LA	FOSAMAX PLUS D	LOTREL	<b>PANDEL</b>	SEROQUEL	VEXOL
AGGRENOX	BENICAR-HCT	DILANTIN	FRAGMIN	LOVAZA	PANOXYL	SEROQUEL XR	VIGAMOX
ALINIA	BENZAFLIN	DIOVAN	GABITRIL	LOVENOX	PATADAY	SINGULAIR	VIKASE
ALREX	BETASERON	DIOVAN-HCT	GELNIQUE	LUNESTA	PATANASE	SPIRIVA	VOLTAREN Gel
ANDRODERM	BETIMOL	DIPENTUM	<b>GENGRAF</b>	LUVOX CR	PATANOL	STALEVO	VYVANSE
ANDROGEL	BYETTA	DUETACT	GEODON	LUXIQ	PEGASYS	STARLIX	WELLBUTRIN XL
APRISO	BYSTOLIC	<b>DULERA</b>	GRIS-PEG	LYRICA	PENTASA	<b>STRATTERA</b>	XALATAN
ARANESP	CADUET	DURAGESIC	<b>GRIFULVIN V</b>	MAXIDEX	PHENYTEK	SUPRAX	ZACLIR
ARICEPT	CANASA	DYNACIRC CR	HELIDAC	METADATE CD	PHOSLO	SYMBICORT	ZENPEP
ARICEPT ODT	CAPEX	<del>EFFEXOR XR</del>	HUMIRA	METHYLIN chew tabs	PLAVIX	TARKA	<b>ZORTRESS</b>
ARIXTRA	CARBATROL	ELESTAT	HYZAAR	METHYLIN solution	PRANDIN	TEGRETOL XR	<b>ZYLET</b>
ASACOL	<b>CELLCEPT</b>	ELIDEL	IBUDONE	MIACALCIN	<b>POLY-PRED</b>	TINDAMAX	
ASACOL HD	CETRAXAL	ELIPHOS	<del>IMITREX</del>	MICARDIS	<b>PRED-G</b>	TEGRETOL XR	
ASMANEX	<del>GIMZIA</del>	EMADINE	INOVA	MICARDIS-HCT	PREVACID SOLUTAB	<b>TOBRADEX</b>	
ASTEPRO	CIPRODEX	ENABLEX	INTUNIV	MOBAN	PREVPAC	TOBREX Ointment	
ATROVENT HFA	CLEOCIN OVULES	ENBREL	IQUIX	<del>MOMEXIN</del>	PRISTIQ	TOVIAZ	
AUGMENTIN 125 SUSP	CLINAC BPO	EQUETRO	ISTALOL	<b>MYFORTIC</b>	PROCRIT	TRACLEER	
AUGMENTIN 250 SUSP	<b>COLCRYS</b>	EURAX	<b>JALYN</b>	NAFTIN	<b>PROGRAF</b>	TRAVATAN	
AUGMENTIN CHEWABLE	COLY-MYCIN S	EXELON	JANUMET	NAMENDA	PROTOPIC	TRAVATAN Z	
AUGMENTIN XR	COMBIGAN	EXFORGE	JANUVIA	NASAREL	PULMICORT Flexhaler	TREXIMET	
AVALIDE	COMBIVENT	EXFORGE HCT	KADIAN	NASONEX	PULMICORT Respules	<b>TRIBENZOR</b>	
<del>AVANDAMET</del>	CONCERTA	<b>FANAPT</b>	DEXILANT (KAPIDEX)	<b>NEORAL</b>	QVAR	TRICOR	
<del>AVANDARYL</del>	COPAXONE	FLAREX	KINERET	NEVANAC	<b>RAPAMUNE</b>	TRILEPTAL Susp	

\*Xyzal will be approved for patients failing therapy with OTC cetirizine, loratadine, or fexofenadine.

Agents added as preferred to the PDL for 1/1/11 implementation are in **BOLD**.

**Mississippi Division of Medicaid**

**Alphabetical Preferred Drug List (Antihistamine/Decongestants by brand name)**

Medicaid by the Pharmacy and Therapeutics (P&T) Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for the efficaciousness, clinical significance,

List Effective 07/01/09

ALA-HIST D	DALLERGY	MYCI CHLOR-TAN	PEDIATAN	POLY TAN D	SEMPREX-D	XYZAL*
ALAHIST LQ	MYCI CHLORPED	NALDEX	POLY TAN	P-TEX	VAZOL	