



MISSISSIPPI DIVISION OF
MEDICAID

**Mississippi Division Of Medicaid
Preferred Drug List Changes
P&T Meeting Date: February 12, 2013
PDL Changes Effective Date: April 1, 2013**

The following changes will be made to the Preferred Drug List (PDL), effective April 1, 2013, pending recommendation and/or approval by the P&T Committee, DOM, and DOM's Executive Director.

For a comprehensive PDL, refer to <http://www.medicaid.ms.gov/Pharmacy.aspx>.

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
None	None

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
Angiotensin Modulators	Candesartan/HCTZ
Angiotensin Modulators	Losartan/HCTZ
Anticonvulsants	Carbamazepine XR
Anticonvulsants	Tiagabine
Antimigraine Agents, Triptans	Rizatriptan
Antimigraine Agents, Triptans	Sumatriptan (oral)
Bladder Relaxant Preparations	MYRBETRIQ (mirabegron)
Bone Resorption Suppression & Related Agents	BINOSTO (alendronate)
Bronchodilators & COPD Agents	TUDORZA PRESSAIR (acclidinium)
Cytokine & CAM Antagonists	XELJANZ (tofacitinib)
Multiple Sclerosis Agents	AUBAGIO (teriflunomide)
NSAIDs	Diclofenac/misoprostol
NSAIDs	Ketoprofen
NSAIDs	Piroxicam
Pancreatic Enzymes	PERTZYE (pancrelipase)
Pancreatic Enzymes	ULTRESA (pancrelipase)
Skeletal Muscle Relaxants	LORZONE (chlorzoxazone)

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
Genital Warts & Related Agents	ALDARA (imiquimod)**
Genital Warts & Related Agents	CONDYLOX (podofilox)
Parathyroid Agents	Calcitriol
Parathyroid Agents	Ergocalciferol
Parathyroid Agents	ZEMPLAR (paricalcitol)



**Mississippi Division Of Medicaid
Provider Notice
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EFFECTIVE DATE: APRIL 1, 2013**

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	RECOMMENDED for Non-PREFERRED STATUS
Genital Warts & Related Agents	Imiquimod
Genital Warts & Related Agents	PICATO (ingenol)
Genital Warts & Related Agents	Podofilox
Genital Warts & Related Agents	VEREGEN (sinecatechins)
Genital Warts & Related Agents	ZYCLARA (imiquimod)
Parathyroid Agents	DRISDOL (ergocalciferol)
Parathyroid Agents	HECTROL (doxercalciferol)
Parathyroid Agents	ROCALTROL (calcitriol)
Parathyroid Agents	<i>SENSIPAR (cinacalcet)</i>

For changes in red italics, existing users as of 3-31-13 will be grandfathered; for carbamazepine XR, only users with a seizure diagnosis will be grandfathered, others will need to change to the preferred branded product.

**Age edit; covered for those 12 years of age and older