



MISSISSIPPI DIVISION OF  
**MEDICAID**

**Mississippi Division Of Medicaid  
Preferred Drug List Changes  
P&T Meeting Date: April 9, 2013  
PDL Changes Effective Date: July 1, 2013**

The following changes will be made to the Preferred Drug List (PDL), effective July 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**

<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for PREFERRED STATUS</b>
Antidepressants, Other	Bupropion SR
Antifungals (Oral)	Griseofulvin microsize
Ophthalmic Anti-Inflammatories	ILEVRO (nepafenac)
Ulcerative Colitis Agents	DELZICOL (mesalamine)

**NEW NON-PREFERRED DRUGS**

<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for NON-PREFERRED STATUS</b>
Anticoagulants	ELIQUIS (apixaban)
Anticonvulsants	OXTELLAR XR (oxcarbazepine)
Antidepressants, Other	FORFIVO XL (bupropion)
Antifungals (Oral)	Griseofulvin ultramicrosize
Antifungals (Oral)	ONMEL (itraconazole)
Hypoglycemics, Incretin Mimetics/Enhancers	KAZANO (alogliptin/metformin)
Hypoglycemics, Incretin Mimetics/Enhancers	NESINA (alogliptin)
Hypoglycemics, Incretin Mimetics/Enhancers	OSENI (alogliptin/pioglitazone)
Lipotropics, Other (Non-Statins)	JUXTAPID (lomitapide)
Lipotropics, Other (Non-Statins)	VASCEPA (icosapent ethyl)
Stimulants and Related Agents	QUILLIVANT XR (methylphenidate)
Ulcerative Colitis Agents	GIAZO (balsalazide)

**NEW THERAPEUTIC CLASSES/DRUGS**

<b>NEW THERAPEUTIC CLASS</b>	<b>RECOMMENDED for PREFERRED STATUS</b>
Select Contraceptive Products	All preferred except those specified as non-preferred on the PDL



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NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	RECOMMENDED for Non-PREFERRED STATUS
Cystic Fibrosis Agents	<i>CAYSTON (aztreonam)**</i>
Cystic Fibrosis Agents	<i>COLY-MYCIN M (colistimethate sodium)**</i>
Cystic Fibrosis Agents	<i>PULMOZYME (dornase alfa)**</i>
Cystic Fibrosis Agents	<i>TOBI (tobramycin)**</i>
Selected Contraceptive Products	<i>AMETHYST (levonorgestrel/ethinyl estradiol)</i>
Selected Contraceptive Products	<i>BRIELLYN (norethindrone/ethinyl estradiol)</i>
Selected Contraceptive Products	<i>CAMRESE (levonorgestrel/ethinyl estradiol)</i>
Selected Contraceptive Products	<i>CAMRESE LO (levonorgestrel/ethinyl estradiol)</i>
Selected Contraceptive Products	<i>DEPO-PROVERA IM (medroxyprogesterone acetate)</i>
Selected Contraceptive Products	<i>DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)</i>
Selected Contraceptive Products	<i>GENERESS FE (norethindrone/ethinyl estradiol/fe)</i>
Selected Contraceptive Products	<i>INTROVALE (levonorgestrel/ethinyl estradiol)</i>
Selected Contraceptive Products	<i>JOLESSA (levonorgestrel/ethinyl estradiol)</i>
Selected Contraceptive Products	<i>LOESTRIN 24 FE (norethindrone/ethinyl estradiol)</i>
Selected Contraceptive Products	<i>LORYNA (ethinyl estradiol/drospirenone)</i>
Selected Contraceptive Products	<i>NATAZIA (estradiol valerate/dienogest)</i>
Selected Contraceptive Products	<i>OVCON-35 (norethindrone/ethinyl estradiol)</i>
Selected Contraceptive Products	<i>PHILITH (norethindrone/ethinyl estradiol)</i>
Selected Contraceptive Products	<i>QUASENSE (levonorgestrel/ethinyl estradiol)</i>
Selected Contraceptive Products	<i>SAFYRAL (ethinyl estradiol/drospirenone/levomefolate)</i>
Selected Contraceptive Products	<i>SYEDA (ethinyl estradiol/drospirenone)</i>
Selected Contraceptive Products	<i>TILIA FE (norethindrone/ethinyl estradiol/fe)</i>
Selected Contraceptive Products	<i>TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe)</i>
Selected Contraceptive Products	<i>VESTURA (ethinyl estradiol/drospirenone)</i>
Selected Contraceptive Products	<i>ZARAH (ethinyl estradiol/drospirenone)</i>

*For changes in red italics, existing users as of 6-30-13 will be grandfathered*

**\*\* IDC-9 Code must be submitted through POS**