



Mississippi Division Of Medicaid
Preferred Drug List Changes
P&T Meeting Dates: March 13 and April 17, 2012
PDL Changes Effective Date: July 1, 2012

The following changes will be made to the Preferred Drug List (PDL), effective July 1, 2012, 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
Anticoagulants	XARELTO (rivaroxaban)
Anticonvulsants	DIASTAT (diazepam rectal gel)
Anticonvulsants	VIMPAT (lacosamide)
Antiparasitics (Topical)	NATROBA (spinosad)
Bronchodilators, Beta Agonist	PROAIR HFA (albuterol)
Erythropoiesis Stimulating Proteins	ARANESP (darbepoetin)
Growth Hormone	NORDITROPIN (somatropin)
Hypoglycemics, Incretin Mimetics/Enhancers	TRADJENTA (linagliptin)
Hypoglycemics, Insulins and Related Agents	HUMALOG VIAL (insulin lispro)
Hypoglycemics, Insulins and Related Agents	HUMALOG MIX VIAL (insulin lispro/lispro protamine)
Hypoglycemics, Insulins and Related Agents	HUMULIN VIAL (insulin)
Lipotropics, Statins	atorvastatin/amlodipine
Ulcerative Colitis Agents	mesalamine

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
Androgenic Agents	ANDRODERM (testosterone patch)
Angiotensin Modulators	COZAAR (losartan)
Angiotensin Modulators	EDARBYCLOR (azilsartan/chlorthalidone)
Antibiotics (GI)	DIFICID (fidaxomicin)
Anticonvulsants	diazepam rectal gel
Anticonvulsants	GRALISE (gabapentin)
Anticonvulsants	HORIZANT (gabapentin)
Anticonvulsants	LAMICTAL ODT (lamotrigine)
Anticonvulsants	LAMICTAL XR (lamotrigine)#
Anticonvulsants	ONFI (clobazam)
Antihistamines, Minimally Sedating and Combinations	XYZAL Tablets (levocetirizine)
Antiparasitics (Topical)	malathion
Antiparkinson's Agents	LODOSYN (carbidopa)
Beta Blockers	BYSTOLIC (nebivolol)*
Beta Blockers	DUTOPROL (metoprolol/HCTZ)
Bladder Relaxant Preparations	DETROL LA (tolterodine)
Bladder Relaxant Preparations	GELNIQUE (oxybutynin)
Bone Resorption Suppression and Related Agents	calcitonin salmon



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NEW NON-PREFERRED DRUGS

BPH Agents	CIALIS (tadalafil)
BPH Agents	JALYN (dutasteride/tamsulosin)*
BPH Agents	tamsulosin
Glucocorticoids (Inhaled)	AEROBID (flunisolide)
Glucocorticoids (Inhaled)	AEROBID-M (flunisolide)
Glucocorticoids (Inhaled)	budesonide nebulizer solution
Hypoglycemics, Incretin Mimetics/Enhancers	BYDUREON (exenatide)
Hypoglycemics, Incretin Mimetics/Enhancers	JANUMET XR (sitagliptin/metformin)
Hypoglycemics, Incretin Mimetics/Enhancers	JENTADUETO (linagliptin/metformin)
Hypoglycemics, Incretin Mimetics/Enhancers	JUVISYNC (sitagliptin/simvastatin)
Intranasal Rhinitis Agents	VERAMYST (fluticasone)
Leukotriene Modifiers	ZYFLO CR (zileuton)
Lipotropics, Others	ANTARA (fenofibrate)
Lipotropics, Statins	CADUET (atorvastatin/amlodipine)
NSAIDs	DUEXIS (ibuprofen/famotidine)
Pancreatic Enzymes	PANCRELIPASE
PAH Agents – PDE5s	REVATIO (sildenafil)*
Phosphate Binders	calcium acetate
Phosphate Binders	PHOSLYRA (calcium acetate)
Platelet Aggregation Inhibitors	BRILINTA (ticagrelor)
Proton Pump Inhibitors	PREVACID SOLU-TAB (lansoprazole)**
Ulcerative Colitis Agents	PENTASA 500mg (mesalamine)
Ulcerative Colitis Agents	SFROWASA (mesalamine)

NEW THERAPUTIC CLASSES/DRUGS

NEW THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
NONE	

*Existing users will be grandfathered

Grandfathered for seizure patients only

** No PA required for age 12 and under