

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
ANALGESICS	ANALGESICS, NARCOTIC-LONG- ACTING	DURAGESIC (fentanyl) fentanyl patches KADIAN (morphine) methadone morphine ER	AVINZA (morphine) oxycodone ER OPANA ER (oxymorphone) OXYCONTIN (oxycodone) RYZOLT (tramadol) ^{NR} ULTRAM ER (tramadol)	Avinza will be authorized for patients on stable treatment.
	ANALGESICS, NARCOTIC- SHORT-ACTING	acetaminophen/codeine aspirin/codeine butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone meperidine morphine oxycodone oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen dihydrocodeine/APAP/caffeine pentazocine/APAP pentazocine/naloxone propoxyphene propoxyphene/APAP tramadol tramadol/APAP	DARVON-N (propoxyphene) DILAUDID liquid (hydromorphone) fentanyl transmucosal FENTORA (fentanyl) levorphanol MAGNACET (oxycodone/APAP) NUCYNTA (tapentadol) ^{NR} OPANA (oxymorphone) REPREXAIN (hydrocodone/ibuprofen) SYNALGOS-DC (dihydrocodeine/APAP/caffeine) VOPAC (codeine/APAP) XODOL (hydrocodone/APAP) ZYDONE (hydrocodone/APAP)	All products containing oxycodone short-acting oral tablets/capsules are limited to 62 total cumulative units of all/any strengths per month. Oxycodone oral liquid is limited to 180 total cumulative milliliters of all/any strengths per month. Any quantity required above these limits needs a PA.
	ANTIMIGRAINE, TRIPTANS	ORAL		
		IMITREX (sumatriptan) RELPAK (eletriptan) sumatriptan TREXIMET (sumatriptan/naproxen)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) MAXALT (rizatriptan) ZOMIG (zolmitriptan)	

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR ¹ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES	
ANALGESICS (CONTINUED)	ANTIMIGRAINE, TRIPTANS (CONTINUED)	NASAL			
		IMITREX (sumatriptan) sumatriptan	ZOMIG (zolmitriptan)		
		INJECTABLE			
		IMITREX (sumatriptan) sumatriptan			
	NSAIDS	NONSELECTIVE			Ibuprofen RX is covered; only ibuprofen suspension OTC is covered.
		diclofenac etodolac fenoprofen flurbiprofen ibuprofen indomethacin ketoprofen ketorolac nabumetone naproxen RX oxaprozin piroxicam sulindac tolmetin	meclofenamate mefenamic acid ZIPSOR (diclofenac) ^{NR}		
		NSAID/GI PROTECTANT COMBINATIONS			
			ARTHROTEC (diclofenac/misoprostol) PREVACID NAPRAPAC (naproxen/lansoprazole)		
		COX-II SELECTIVE			
			meloxicam	CELEBREX (celecoxib)	
	SKELETAL MUSCLE RELAXANTS	baclofen cyclobenzaprine dantrolene tizanidine	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound FEXMID (cyclobenzaprine) SKELAXIN (metaxolone) SOMA (carisoprodol) ZANAFLEX (tizanidine)		

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR ² superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
CARDIOVASCULAR	ANGIOTENSIN MODULATORS	ACE INHIBITORS		
		ACEON (perindopril) benazepril captopril enalapril fosinopril lisinopril moexepiril quinapril ramipril trandolapril		
		ACE INHIBITOR/DIURETIC COMBINATIONS		
		benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ moexepiril/HCTZ quinapril/HCTZ		
		ANGIOTENSIN II RECEPTOR BLOCKERS		
		AVAPRO (irbesartan) BENICAR (olmesartan) COZAAR (losartan) DIOVAN (valsartan) MICARDIS (telmisartan)	ATACAND (candesartan) TEVETEN (eprosartan)	
		ARB/DIURETIC COMBINATIONS		
		AVALIDE (irbesartan/HCTZ) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) TEVETEN-HCT (eprosartan/HCTZ)	
		DIRECT RENIN INHIBITOR		
			TEKTURNA (aliskerin)	
DIRECT RENIN INHIBITOR/DIURETIC COMBINATIONS				
	TEKTURNA-HCT (aliskerin/HCTZ)			

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR 3 superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
CARDIOVASCULAR (CONTINUED)	ANGIOTENSIN MODULATORS/CCB COMBINATIONS	ACE INHIBITOR/CCB COMBINATIONS		
		benazepril/amlodipine TARKA (trandolapril/verapamil)		
		ARB/CCB COMBINATIONS		
		AZOR (olmesartan/amlodipine) EXFORGE (valsartan/amlodipine)		
	ANTICOAGULANTS, INJECTABLE	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) LOVENOX (enoxaparin)	INNOHEP (tinzaparin)	
	BETA-BLOCKERS	BETA BLOCKERS		
		acebutolol atenolol betaxolol bisoprolol BYSTOLIC (nebivolol) INNOPRAN XL (propranolol) metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol	LEVATOL (penbutolol)	
BETA- AND ALPHA- BLOCKERS				
	carvedilol labetalol	COREG CR (carvedilol)		

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR 4 superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
CARDIOVASCULAR (CONTINUED)	BETA-BLOCKERS (CONTINUED)	BETA BLOCKER / DIURETIC COMBINATIONS		
		atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timdol/HCTZ		
	CALCIUM CHANNEL BLOCKERS	SHORT-ACTING		
		diltiazem nicardipine nifedipine verapamil	isradipine	
		LONG-ACTING		
		amlodipine COVERA-HS (verapamil) diltiazem ER DYNACIRC CR (isradipine) felodipine ER nifedipine ER	CARDENE SR (nicardipine) CARDIZEM LA (diltiazem) SULAR (nisoldipine) Nisoldipine verapamil ER PM	
	LIPOTROPICS, OTHER (NON-STATINS)	BILE ACID SEQUESTRANTS		
		cholestyramine colestipol	WELCHOL (colesevalam)	
		CHOLESTEROL ABSORPTION INHIBITORS		
			ZETIA (ezetimibe)	
FIBRIC ACID DERIVATIVES				
fenofibrate gemfibrozil TRICOR (fenofibrate) TRILIPIX (fenofibric acid)			ANTARA (fenofibrate) FENOGLIDE (fenofibrate) LIPOFEN (fenofibrate) TRIGLIDE (fenofibrate)	
NIACIN				
NIACOR (niacin) NIASPAN (niacin)				

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR 5 superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
CARDIOVASCULAR (CONTINUED)	LIPOTROPICS, OTHER (NON-STATINS) (CONTINUED)	OMEGA-3 FATTY ACIDS		
		LOVAZA (omega-3 fatty acids)		
	LIPOTROPICS, STATINS	STATINS		
		LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) CRESTOR (rosuvastatin)	
		STATIN COMBINATIONS		
		CADUET (atorvastatin/amlodipine) SIMCOR (simvastatin/niacin)	ADVICOR (lovastatin/niacin) VYTORIN (simvastatin/ezetimibe)	
PLATELET AGGREGATION INHIBITORS	AGGRENOX (dipyridamole/aspirin) dipyridamole PLAVIX (clopidogrel)	ticlopidine EFFIENT (prasugrel) ^{NR}		
PULMONARY ARTERIAL HYPERTENSION	LETAIRIS (ambrisentan) REVATIO (sildenafil) TRACLEER (bosentan)	ADCIRCA (tadalafil) ^{NR}		
CNS	ALZHEIMER'S AGENTS	CHOLINESTERASE INHIBITORS		
		ARICEPT (donepezil) ARICEPT ODT (donepezil) EXELON Oral (rivastigmine) EXELON Patches (rivastigmine)	COGNEX (tacrine) galantamine galantamine ER	
		NMDA RECEPTOR ANTAGONIST		
		NAMENDA (memantine)		
	ANTICONSULSANTS	HYDANTOINS		
		DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
		SUCCINIMIDES		
	Ethosuximide	CELONTIN (methsuximide)		

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR ⁶ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
CNS (CONTINUED)	ANTICONVULSANTS (CONTINUED)	ADJUVANTS		
		carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EQUETRO (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam solution LYRICA (pregabalin) oxcarbazepine TEGRETOL XR (carbamazepine) topiramate TRILEPTAL Suspension (oxcarbazepine) valproic acid zonisamide	BANZEL (rufinamide) FELBATOL (felbamate) DEPAKOTE (divalproex) KEPPRA solution (levetiracetam) KEPPRA tablets (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL ODT (lamotrigine) ^{NR} LAMICTAL XR (lamotrigine) ^{NR} TOPAMAX (topiramate) STAVZOR (valproic acid) VIMPAT (lacosamide)	
	ANTIDEPRESSANTS, OTHERS	bupropion IR bupropion SR EFFEXOR XR (venlafaxine) mirtazapine PRISTIQ (desvenlafaxine succinate) trazodone WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) ^{NR} CYMBALTA (duloxetine) EMSAM (selegiline transdermal) NARDIL (phenelzine) PARNATE (tranylcypromine) venlafaxine VENLAFAXINE ER (venlafaxine)	Cymbalta will be approved for patients with fibromyalgia or diabetic neuropathy
ANTIDEPRESSANTS, SSRIs	citalopram fluoxetine fluvoxamine paroxetine sertraline	LEXAPRO (escitalopram) LUVOX CR (fluvoxamine) paroxetine CR PAXIL CR (paroxetine) PEEXVA (paroxetine) PROZAC WEEKLY (fluoxetine) SARAFEM (fluoxetine)		

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR 7 superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
CNS (CONTINUED)	ANTIPARKINSON'S AGENTS	ANTICHOLINERGICS		
		benztropine trihexyphenidyl		
		COMT INHIBITORS		
			COMTAN (entacapone) TASMAR (tolcapone)	
		DOPAMINE AGONISTS		
		ropinirole	MIRAPEX (pramipexole) NEUPRO (rotigotine) REQUIP XL (ropinirole)	
		MAO-B INHIBITORS		
		selegiline	AZILECT (rasagiline) ZELAPAR (selegiline)	
		OTHERS		
			levodopa/carbidopa STALEVO (levodopa/carbidopa/entacapone)	
	ANTIPSYCHOTICS, ATYPICAL	ABILIFY (aripiprazole) GEODON (ziprasidone) risperidone SEROQUEL (quetiapine)	INVEGA (paliperidone) INVEGA SUSTENNA (paliperidone) ^{NR} RISPERDAL (risperidone) RISPERDAL M (risperidone) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) ZYPREXA (olanzapine)	
	MULTIPLE SCLEROSIS AGENTS	AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer) REBIF (interferon beta-1a)		

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR ⁸ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES	
CNS (CONTINUED)	SEDATIVE, HYPNOTICS	BENZODIAZEPINES		Single source brand benzodiazepines and barbiturates are NOT covered. No PAs will be issued. Quantity limit of up to 31 cumulative units of all/any strengths per month. Any quantity required above these limits needs a PA.	
		estazolam flurazepam temazepam triazolam			
		OTHERS			
	LUNESTA (eszopiclone) ROZEREM (ramelteon) zaleplon zolpidem	AMBIEN CR (zolpidem) EDLUAR (zolpidem) ^{NR}			
	STIMULANTS AND RELATED AGENTS	STIMULANTS - SHORT ACTING			
		amphetamine salt combination dextroamphetamine/amphetamine ER dexmethylphenidate IR dextroamphetamine IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate	DESOXYN (methamphetamine) PROCENTRA solution (dextroamphetamine)		
STIMULANTS - LONG ACTING					
ADDERALL XR (amphetamine salt combination) CONCERTA (methylphenidate) DAYTRANA (methylphenidate) dextroamphetamine ER FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER VYVANSE (lisdexamfetamine)		PROVIGIL (modafinil) NUVIGIL (armodafinil) ^{NR} RITALIN LA (methylphenidate)			
NON-STIMULANTS					
	STRATTERA (atomoxetine)				

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR ⁹ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
DERMATOLOGICAL	ACNE AGENTS, TOPICAL	ANTIBIOTICS		Acne agents will be authorized only for patients less than 21 years of age.
		clindamycin erythromycin	AKNE-MYCIN (erythromycin) CLINDAGEL (clindamycin) CLINDAREACH (clindamycin) EVOCLIN (clindamycin)	
		RETINOIDS		
	RETIN-A MICRO (tretinoin)	ATRALIN (tretinoin) DIFFERIN (adapalene) EPIDUO (adapalene/benzoyl peroxide) TAZORAC (tazarotene) tretinoin		
		OTHERS		
		AZELEX (azelaic acid) BENZAACLIN (benzoyl peroxide/clindamycin) benzoyl peroxide CLINAC BPO (benzoyl peroxide) erythromycin/benzoyl peroxide NUOX (benzoyl peroxide/sulfur) sodium sulfacetamide sodium sulfacetamide/sulfur ZACLIR (benzoyl peroxide)	ACZONE (dapson) BENZAMYCIN PAK (benzoyl peroxide/erythromycin) BREVOXYL (benzoyl peroxide) BREZE (benzoyl peroxide) DUAC (benzoyl peroxide/clindamycin) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) NEOBENZ MICRO (benzoyl peroxide) TRIAZ (benzoyl peroxide) ZACARE (benzoyl peroxide) ZIANA (clindamycin/tretinoin)	
	ANALGESICS, TOPICAL	FLECTOR (diclofenac epolamine) LIDODERM Patch (lidocaine) VOLTAREN Gel (diclofenac sodium)		

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR10 superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
DERMATOLOGICAL (CONTINUED)	ANTIFUNGALS, TOPICAL	ANTIFUNGALS		
		clotrimazole econazole ketoconazole miconazole OTC NAFTIN (naftifine) nystatin terbinafine OTC tolnaftate OTC	ciclopirox CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) LOPROX (ciclopirox) MENTAX (butenafine) OXISTAT (oxiconazole) VUSION (miconazole/petrolatum/zinc oxide) XOLEGEL (ketoconazole)	
		ANTIFUNGAL/STEROID COMBINATIONS		
		clotrimazole/betamethasone nystatin/triamcinolone		
	ANTIPARASITICS, TOPICAL	EURAX (crotamiton) malathion OVIDE (malathion) permethrin	lindane ULESFIA (benzyl alcohol) ^{NR}	
ATOPIC DERMATITIS	ELIDEL (pimecrolimus) PROTOPIC (tacrolimus)			
STERIODS, TOPICAL	LOW POTENCY			
	alclometasone DESONATE (desonide) desonide hydrocortisone	DESOWEN (desonide) VERDESO (desonide)		

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR¹ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
DERMATOLOGICAL (CONTINUED)	STEROIDS, TOPICAL (CONTINUED)	MEDIUM POTENCY		
		CORDRAN (flurandrenolide) fluticasone hydrocortisone butyrate hydrocortisone valerate LUXIQ (betamethasone) mometasone prednicarbate	CLODERM (clocortolone) CORDRAN TAPE (flurandrenolide) LOCOID (hydrocortisone butyrate) MOMEXIN (mometasone) ^{NR}	
		HIGH POTENCY		
		betamethasone CAPEX (fluocinolone) fluocinolone fluocinonide triamcinolone	amcinonide DERMA-SMOOTH/FS(fluocinolone) desoximetasone diflorasone HALOG (halcinonide) KENALOG aerosol (triamcinolone) ^{NR} VANOS (fluocinonide)	
VERY HIGH POTENCY				
		clobetasol halobetasol ULTRAVATE (halobetasol)		
ENDOCRINE	ANDROGENIC AGENTS	ANDRODERM (testosterone transdermal) ANDROGEL (testosterone gel)	TESTIM (testosterone gel)	
	BONE RESORPTION SUPPRESSION AND RELATED AGENTS (ORAL)	BISPHOSPHONATES		
		ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate FOSAMAX PLUS D (alendronate/vitamin D)	BONIVA (ibandronate) FOSAMAX (alendronate)	

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR¹² superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
ENDOCRINE (CONTINUED)	BONE RESORPTION SUPPRESSION AND RELATED AGENTS (ORAL) (CONTINUED)	OTHER BONE RESORPTION SUPPRESSION AND RELATED AGENTS		
		EVISTA (raloxifene) FORTICAL (calcitonin) MIACALCIN (calcitonin) calcitonin salmon (nasal)	FORTEO (teriparatide)	
	GROWTH HORMONES	GENOTROPIN (somatropin) NUTROPIN (somatropin) NUTROPIN AQ (somatropin) SAIZEN (somatropin)	HUMATROPE (somatropin) NORDITROPIN (somatropin) OMNITROPE (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin) ZORBTIVE (somatropin)	
	HYPOGLYCEMICS, INCRETIN MIMETIC/ENHANCERS (INCLUDES VIALS AND PENS)	BYETTA (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin)	ONGLYZA (saxagliptin) ^{NR} SYMLIN (pramlintide)	
	HYPOGLYCEMICS, INSULIN AND RELATED AGENTS (INCLUDES VIALS AND PENS)	LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)	APIDRA (insulin glulisine) HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin)	
	HYPOGLYCEMICS, MEGLITINIDES	PRANDIN (repaglinide) STARLIX (nateglinide)	PRANDIMET (repaglinide/metformin)	
	HYPOGLYCEMICS, TZDS	THIAZOLIDINEDIONES		
	ACTOS (pioglitazone) AVANDIA (rosiglitazone)			
	TZD COMBINATIONS			
	ACTOPLUS MET (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride)			

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR¹³ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
GASTROINTESTINAL	ANTIEMETICS	CANNABINOIDS		All injectable 5HT3 receptor blockers closed to point of sale.
			CESAMET (nabilone) dronabinol	
		5HT3 RECEPTOR BLOCKERS		
		ondansetron	ANZEMET (dolasetron) granisetron SANCUSO Transdermal (granisetron)	
		NMDA RECEPTOR ANTAGONIST		
		EMEND (aprepitant)		
	H. PYLORI	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	PYLERA (bismuth subcitrate, potassium, metronidazole, tetracycline)	
	PANCREATIC ENZYMES	CREON (pancreatin) DYGASE (pancreatin) LAPASE (pancreatin) LIPRAM (pancrelipase) PANCREASE MT (pancrelipase) pancrelipase ULTRASE (pancrelipase) VIOKASE (pancrelipase)	PANCRECARB MS (pancrelipase)	Pancrecarb MS is approved if currently on stable treatment with this drug.
	PROTON PUMP INHIBITORS	KAPIDEX (dexlansoprazole) omeprazole PREVACID (lansoprazole)	ACIPHEX (rabeprazole) NEXIUM (esomeprazole) pantoprazole PRILOSEC suspension (omeprazole) ZEGERID (omeprazole/sodium bicarbonate)	
	ULCERATIVE COLITIS AGENTS	ORAL		
ASACOL / ASACOL HD (mesalamine) balsalazide DIPENTUM (olsalazine) LIALDA (mesalamine) PENTASA (mesalamine) sulfasalazine		APRISO (mesalamine)		
RECTAL				
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine)		

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR¹⁴ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
IMMUNOLOGIC AGENTS	CYTOKINE AND CAM ANTAGONISTS	CIMZIA (certolizumab) ENBREL (etanercept) HUMIRA (adalimumab) KINERET (anakinra)	AMEVIVE (alefacept) ORENCIA (abatacept) REMICADE (infliximab) SIMPONI (golimumab) ^{NR}	Amevive, Orencia and Remicade are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.
INFECTIOUS DISEASE	ANTIBIOTICS, GI	ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinadazole)	FLAGYL ER (metronidazole) VANCOCIN (vancomycin) XIFAXAN (rifaximin)	
	ANTIBIOTICS, VAGINAL	CLEOCIN OVULES (clindamycin) clindamycin metronidazole	CLINDESSE (clindamycin)	
	ANTIFUNGALS, ORAL	clotrimazole fluconazole GRIS-PEG (griseofulvin) ketoconazole nystatin terbinafine	ANCOBON (flucytosine) GRIFULVIN V (griseofulvin) itraconazole LAMISIL GRANULES (terbinafine) NOXAFIL (posaconazole) VFEND (voriconazole)	
	ANTIVIRALS, ORAL – ANTIHERPETIC AGENTS	acyclovir VALTrex (valacyclovir)	FAMVIR (famciclovir)	
	CEPHALOSPORINS AND RELATED ANTIBIOTICS	BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		
		amoxicillin/clavulanate AUGMENTIN XR (amoxicillin/clavulanate)		
CEPHALOSPORINS – First Generation				
		cefadroxil cephalexin		
CEPHALOSPORINS – Second Generation				
	cefaclor cefprozil cefuroxime	RANICLOR (cefaclor)		

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR¹⁵ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
INFECTIOUS DISEASE (CONTINUED)	CEPHALOSPORINS AND RELATED ANTIBIOTICS (CONTINUED)	CEPHALOSPORINS – Third Generation		
		cefdinir SUPRAX (cefixime)	CEDAX (ceftibuten) cefepodoxime SPECTRACEF (cefditoren)	
	FLUOROQUINOLONES, ORAL	AVELOX (moxifloxacin) ciprofloxacin PROQUIN XR (ciprofloxacin)	ciprofloxacin ER CIPRO suspension (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) NOROXIN (norfloxacin) ofloxacin	
	HEPATITIS C TREATMENTS	PEGASYS (peginterferon alfa-2a)	INFERGEN (interferon alfacon-1) PEG-INTRON (peginterferon alfa-2b) PEG-INTRON REDIPEN (peginterferon alfa-2b)	Peg-Intron approved for patients currently on stable treatment.
	MACROLIDES/ KETOLIDES	KETOLIDES		
		KETEK (telithromycin)		
MACROLIDES				
	azithromycin clarithromycin IR erythromycin	clarithromycin ER ZMAX (azithromycin)		
NEPHROLOGIC AGENTS	ERYTHROPOIESIS STIMULATING PROTEINS	ARANESP (darbepoetin) PROCRIT (rHuEPO)	EPOGEN (rHuEPO)	
	PHOSPHATE BINDERS	ELIPHOS (calcium acetate) FOSRENOL (lanthanum) PHOSLO (calcium acetate) calcium acetate RENAGEL (sevelamer HCl)	REVELA (sevelamer carbonate)	
OPHTHALMICS	OPHTHALMIC QUINOLONES/ MACROLIDES	AZASITE (azithromycin) erythromycin IQUIX (levofloxacin) VIGAMOX (moxifloxacin)	BESIVANCE (besifloxacin) ^{NR} CILOXAN (ciprofloxacin) ciprofloxacin ofloxacin QUIXIN (levofloxacin) ZYMAR (gatifloxacin)	

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR¹⁶ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
OPHTHALMICS (CONTINUED)	OPHTHALMICS, NSAIDS	ACULAR LS (ketorolac) ACULAR PF (ketorolac) flurbiprofen NEVANAC (nepafenac)	ACUVAIL (ketorolac) ^{NR} diclofenac XIBROM (bromfenac)	
	OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	ALREX (loteprednol) cromolyn ELESTAT (epinastine) OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine)	ACULAR (ketorolac) ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) EMADINE (emedastine) ketotifen	
	OPHTHALMICS, GLAUCOMA AGENTS	AZOPT (brinzolamide) betaxolol BETIMOL (timolol) brimonidine carteolol COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) dipivefrin ISTALOL (timolol LA) levobunolol LUMIGAN 2.5 ML (bimatoprost) metipranolol pilocarpine timolol TRAVATAN/TRAVATAN Z (travoprost) TRUSOPT (dorzolamide) XALATAN (latanoprost)	ALPHAGAN P (brimonidine) BETOPTIC S (betaxolol) LUMIGAN 5 ML/ 7.5 ML (bimatoprost)	
OTICS	OTIC FLUOROQUINOLONES	CIPRODEX (ciprofloxacin/dexamethasone) FLOXIN (ofloxacin) ofloxacin	CETRAXAL (ciprofloxacin) ^{NR} CIPRO HC (ciprofloxacin/hydrocortisone)	

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR¹⁷ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
RESPIRATORY	ANTI-HISTAMINE/ DECONGESTANTS	ANTI-HISTAMINES-FIRST GENERATION		
		brompheniramine maleate brompheniramine tannate brompheniramine/diphenhydramine carbinoxamine maleate chlorpheniramine maleate chlorpheniramine tannate clemastine fumarate cyproheptadine hcl dexchlorpheniramine maleate diphenhydramine hcl diphenhydramine tannate doxylamine succinate MYCI CHLORPED (chlorpheniramine) MYCI CHLOR-TAN (chlorpheniramine) PEDIATAN (chlorpheniramine) POLY TAN (pyrilamine/ dexbrompheniramine) P-TEX (brompheniramine) triprolidine hcl VAZOL (brompheniramine)	ALA-HIST (brompheniramine/diphenhydramine) Aldex AN CONEX (brompheniramine) Diphenmax J-tan J-tan PD	
		ANTI-HISTAMINES-FIRST GENERATION/DECONGESTANT COMBINATIONS		
		ALA-HIST D (brompheniramine/diphenhydramine/ phenylephrine) ALAHIST LQ (phenylephrine/diphenhydramine) DALLERGY drops (phenylephrine/chlorpheniramine) NALDEX (phenylephrine/dexchlorpheniramine) phenylephrine/brompheniramine phenylephrine/chlorpheniramine maleate phenylephrine/chlorpheniramine tannate phenylephrine/diphenhydramine phenylephrine/phenyltoloxamine/ chlorpheniramine phenylephrine/promethazine hcl phenylephrine/pyrilamine maleate phenylephrine/pyrilamine tannate phenylephrine/pyrilamine/ chlorpheniramine POLY TAN D (PSE/pyrilamine/brompheniramine)	ACCUHIST (PSE/chlorpheniramine) ALLERDUR (PSE/dexchlorpheniramine) ALERSULE (phenylephrine/chlorpheniramine) ALLERTAN (phenylephrine/pyrilamine/ chlorpheniramine) ALLERX (phenylephrine/chlorpheniramine) BROMFED (PSE/brompheniramine) BROMFED-PD (PSE/brompheniramine) DALLERGY-JR suspension (phenylephrine/chlorpheniramine) DECONSAL CT (phenylephrine/pyrilamine) DISOPHROL (PSE/dexbrompheniramine) DURATUSS DA (PSE/chlorpheniramine) HISTEX (PSE/chlorpheniramine) HISTEX SR (PSE/brompheniramine) J-tan D J-tan D PD MYCI CHLORPED D (phenylephrine/ chlorpheniramine) NY-TANNIC (phenylephrine/chlorpheniramine)	

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR18 superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
RESPIRATORY (CONTINUED)	ANTI-HISTAMINE/ DECONGESTANTS (CONTINUED)	PSE/brompheniramine PSE/chlorpheniramine PSE/chlorpheniramine tannate PSE/dexchlorpheniramine tannate PSE/triprolidine RYNESA 12S (phenylephrine/pyrilamine)	PEDIATAN D (phenylephrine/chlorpheniramine) PHENA-PLUS (phenylephrine/pyrilamine/ chlorpheniramine) PHENA-S (phenylephrine/pyrilamine/ chlorpheniramine) PHENA-S 12 (phenylephrine/ pyrilamine/chlorpheniramine) POLY HIST FORTE (phenylephrine/pyrilamine/ chlorpheniramine) POLY HIST PD (phenylephrine/pyrilamine/ chlorpheniramine) Rescon-JR RYNA 12 S (phenylephrine/pyrilamine) RYNA-12 (phenylephrine/pyrilamine) RYNATAN (phenylephrine/chlorpheniramine) RYNATAN PEDIATRIC (phenylephrine/chlorpheniramine) SERADEX-LA (phenylephrine/brompheniramine) SUDAL 12 (PSE/chlorpheniramine) TIBAMINE LA (PSE/chlorpheniramine) TUSSANIL (phenylephrine/chlorpheniramine) VAZOBID (phenylephrine/brompheniramine) VAZOTAB (phenylephrine/brompheniramine) VIRAVAN-P (PSE/pyrilamine)	
		ANTI-HISTAMINES-FIRST GENERATION/DECONGESTANT/ANTICHOLINERGIC COMBINATIONS		
		brompheniramine/PSE; chlorpheniramine/ phenylephrine/methscopolamine chlorpheniramine/phenylephrine/ methscopolamine DALLERGY cap, syrup, tab (chlorpheniramine/phenylephrine/ methscopolamine) phenylephrine/chlorpheniramine/belladonna alkaloids phenylephrine/dexchlorpheniramine/ methscopolamine	ALLERX 10 (PSE/methscopolamine/ chlorpheniramine/phenylephrine) ALLERX 30 (PSE/methscopolamine/ chlorpheniramine/phenylephrine) ALLERX PE (phenylephrine/chlorpheniramine/ methscopolamine) DALLERGY PE (chlorpheniramine/phenylephrine/ methscopolamine) DALLERGY PSE (PSE/chlorpheniramine/	

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR¹⁹ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
RESPIRATORY (CONTINUED)	ANTI-HISTAMINE/ DECONGESTANTS (CONTINUED)	PSE/chlorpheniramine/methscopolamine PSE/dexchlorpheniramine/methscopolamine PSE/methscopolamine/chlorpheniramine/ phenylephrine	methscopolamine) DURAHIST (PSE/ chlorpheniramine/methscopolamine) DURAHIST D (PSE/dexchlorpheniramine/ methscopolamine) DURAHIST PE (phenylephrine/ chlorpheniramine/methscopolamine) DURATAN PE (phenylephrine/ chlorpheniramine/methscopolamine) EXTENDRYL chew tab (phenylephrine/ chlorpheniramine/methscopolamine) EXTENDRYL JR (phenylephrine/ chlorpheniramine/methscopolamine) EXTENDRYL SR (phenylephrine/ chlorpheniramine/methscopolamine) EXTENDRYL syrup (phenylephrine/ dexchlorpheniramine/methscopolamine) Rescon TIME-HIST QD (PSE/ chlorpheniramine/ methscopolamine) Visrx	
		ANTI-HISTAMINES-MINIMALLY SEDATING		
		cetirizine loratadine XYZAL (levocetirizine)*	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine	*Xyzal will be approved for patients failing therapy with OTC cetirizine, loratadine, or fexofenadine.
		ANTI-HISTAMINES-MINIMALLY SEDATING/DECONGESTANT COMBINATIONS		
		cetirizine/PSE loratadine/PSE SEMPREX-D (acrivastine/PSE)	CLARINEX-D (desloratadine/PSE) ALLEGRA-D (fexofenadine/PSE)	

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR²⁰ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
RESPIRATORY (CONTINUED)	ANTI-HISTAMINE/ DECONGESTANTS (CONTINUED)	DECONGESTANT/ANTICHOLINERGIC COMBINATIONS		
		PSE/methscopolamine	ALLERX-D (PSE/methscopolamine) EXTENDRYL PSE (PSE/methscopolamine) EXTENDRYL PEM (phenylephrine/methscopolamine)	
	BRONCHODILATORS, ANTICHOLINERGIC	ANTICHOLINERGICS		
		ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)		
		ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
		COMBIVENT (albuterol/ipratropium)	albuterol/ipratropium	
	BRONCHODILATORS, BETA AGONIST	INHALERS, SHORT-ACTING		
		albuterol PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	MAXAIR (pirbuterol) XOPENEX HFA (levalbuterol)	
		INHALERS, LONG ACTING		
		FORADIL (formoterol)	SEREVENT (salmeterol)	
		INHALATION SOLUTION		
		albuterol	BROVANA (arformoterol) metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	
		ORAL		
albuterol metaproterenol terbutaline				

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR² superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
RESPIRATORY (CONTINUED)	GLUCOCORTICOIDS, INHALED	GLUCOCORTICOIDS		
		AEROBID (flunisolide) AEROBID-M (flunisolide) ASMANEX (mometasone) AZMACORT (triamcinolone) FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules QVAR (beclomethasone)	ALVESCO (ciclesonide) PULMICORT (budesonide) Flexhaler	
		GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
		ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) SYMBICORT (budesonide/formoterol)		
	INTRANASAL RHINITIS AGENTS	ANTICHOLINERGICS		
		ipratropium		
		ANTIHISTAMINES		
		ASTELIN (azelastine) ASTEPRO (azelastine) PATANASE (olopatadine)		
		CORTICOSTEROIDS		
		FLONASE (fluticasone) flunisolide fluticasone NASAREL (flunisolide) NASONEX (mometasone) VERAMYST (fluticasone)	BECONASE AQ (beclomethasone) NASACORT AQ (triamcinolone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide)	
LEUKOTRIENE MODIFIERS	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO CR (zafirlukast)		
UROLOGICAL	BLADDER RELAXANT PREPARATIONS	DETROL LA (tolterodine) ENABLEX (darifenacin) oxybutynin OXYTROL Transdermal (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium)	DETROL (tolterodine) GELNIQUE (oxybutynin) ^{NR} oxybutynin ER TOVIAZ (fesoterodine fumarate) VESICARE (solifenacin)	

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR²² superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

Effective July 1, 2009

(Changes to previous PDL highlighted)

BODY SYSTEM	THERAPEUTIC CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	NOTES
UROLOGICAL (CONTINUED)	BPH AGENTS	ALPHA BLOCKERS		
		doxazosin FLOMAX (tamsulosin) terazosin UROXATRAL (alfuzosin)	CARDURA XL (doxazosin) RAPAFLO (silodosin)	
		5-ALPHA-REDUCTASE (5AR) INHIBITORS		
		AVODART (dutasteride) finasteride		

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. Note that the highlighted non-preferred brand name drugs with NR²³ superscript following the name indicates a new brand name drug that has not been reviewed. See separate **Antihistamine/Decongestant Product and Active Ingredient Cross-Reference List** for complete list of product names and active ingredients.