

MISSISSIPPI DIVISION OF MEDICAID
PREFERRED DRUG LIST



The agents listed below are preferred products on the Mississippi Medicaid Preferred Drug List (PDL). The preferred drug list is a medication list recommended to the Division of Medicaid by the Pharmacy and Therapeutics Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for their 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.dom.state.ms.us.

List Effective 1-1-2007

ALLERGY

Antihistamines &

Antihistamine

Decongestant Combos.

First Generation

Pediatex™, Pediatex™ D

Pediatex™ 12 & 12 D

Vazol™, Vazo™ D

Second Generation

Astelin Nasal Spray®

Clarinet®

Loratadine

Zyrtec®

ANALGESICS

Cox-2

None

NSAIDS

Generics only

Narcotics

Avinza®

Kadian®

ANTIBIOTICS (Oral)

Cephalosporins

Omnicef®

Suprax® Suspension

Macrolides

Biaxin XL®

Zithromax® Suspension

Miscellaneous

Cleocin Ped.Soln®

Penicillins

Generics only

Penicillin Combinations

Augmentin (versions not available generically)

Quinolones

Avelox®

Sulfonamides

Gantrisin® Susp

Tetracyclines

Generics only

ANTIBIOTICS (OTIC)

Ciprodex®

Floxin®

ANTICOAGULANTS-

INJECTABLE

Arixtra™

Lovenox®

ANTIFUNGALS (Oral)

Grifulvin V®

Gris-PEG®

Lamisil®

ANTIPROTOZOAL

Alinia®

ANTIVIRAL

Copegus® Tabs

Hepsera®

Rebetol® Syrup

Valcyte®

Valtrex®

BPH AGENTS

Avodart®

Flomax®

Uroxatral®

CARDIOVASCULAR

ACE Inhibitors

Altace®

ACE Inhibitor/Diuretics

Generics Only

ACEI/CCB Combinations

Lexxel®

Lotrel®

Tarka®

ARBs&Combinations

Avapro®, Avalide®

Diovan®, Diovan HCT

Beta-Blockers

Coreg®

Toprol XL®

Beta-Blocker/Diuretics

Generics Only

Calcium Channel

Blockers

Norvasc®

CCB/Antihyperlipidemic

Caduet®

Diuretics& Aldosterone

Receptor Antagonists

Generics Only

Platelet Aggregation

Inhibitors

Aggrenox™

clopidogrel

CENTRAL NERVOUS

SYSTEM AGENTS

ADHD

Adderall®-XR

Concerta™

Focalin™ XR

Metadate® CD

Strattera®

Alzheimer's Agents

Aricept®

Exelon®

Namenda®

Anti-anxiety

Generics only

Anticonvulsants

Carbatrol®

Depakote®/Depakote®ER

Dilantin®

Equetro™

Gabitril®

Keppra®

Lamictal®

Lyrica®

Trileptal®

Topamax®

Tegretol®XR

Antidepressants

Effexor XR®

Wellbutrin XL®

Antipsychotics

Geodon®

Risperdal®

Symbyax™

Zyprexa®

Sedative/Hypnotics

Ambien® CR

Lunesta™

Rozerem™

Skeletal Muscle

Relaxants

Generics only

5-HT3 Receptor

Antagonists

Zofran®

DIABETES

Incretin Mimetics

Byetta™

INSULINS

ALL Novo Nordisk

products

Lantus® (Vial)

Oral Agents

Actos®

ACTOplus met™

Avandamet®

Avandaryl™

Avandia®

Prandin®

Starlix®

DIGESTIVE HEALTH

AGENTS

Asacol®

Canasa®

Dipentum®

Entocort EC®

Pentasa®

DISEASE-SPECIFIC

IMMUNOSUPPRES-

SANTS

Enbrel®

Humira®

Raptiva®

ELECTROLYTE

DEPLETERS

Magnebind® Rx

Renagel®

ESTROGENS-

PROGESTINS

Premarin®

Premphase®

Prempro®

GASTRO-INTEST.

AGENTS

H-2 Blockers

Axid® Solution

Zantac® Syrup

PPIs

Prevacid®

Zegerid®

GROWTH HORMONES

Genotropin®

Nutropin®/Nutropin®AQ

Norditropin®

Saizen®

Serostim®

Tev-Tropin™

G-U RELAXANTS

Enablex®

HEMATOPOIETIC

Aranesp®

Procrit®

LAXATIVES(Rx)

Generics Only

LIPIDS

Advicor®

Crestor®

Lipitor®

Niaspan®

Tricor®

Vytorin®

Zetia®

MIGRAINE

Imitrex®

Maxalt®

OSTEOPOROSIS

Boniva®

Evista®

Fosamax®

Miacalcin®

RESPIRATORY

AGENTS

Advair®

Asmanex®

Azmacort®

RESPIRATORY

AGENTS -cont.

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Combivent®
Intal® Aerosol Inhaler
Pulmicort Respules®
Serevent Diskus®
Singulair®
Spiriva®
Tilade®
QVAR®
Xopenex HFA™
Xopenex® Inhalation Sol.
Smooth Muscle
Relaxants&Combinations
Generics Only
Nasal Corticosteroids
Flonase®
Nasonex®
**THYROID/ANTI-
THYROID AGENTS**
All Brands & Generics
TOPICAL AGENTS
Acne Preparations (Under
Age 21 only)
BenzaClin®
Benzamycin® Pak
Duac™
Evoclin™
Klaron®
NuOx
Suphera™
Tazorac®
Zaclir
Anti-inflammatory Agents
Locoid Lipocream®
Antibacterial Agents
MetroGel® Vaginal
Antifungals
Naftin®
Antipruritic
None
Antiviral
None
Miscellaneous-Skin and
Mucous Membrane
Agents
Aldara®
Elidel®

Effective
3/30/07 through 6/30/07