

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 4-1-2006

ALLERGY

Antihistamines & Antihistamine Decongestant Combos.

First Generation

Pediatex™, Pediatex™ D
Pediatex™ 12 & 12 D
Vazol™, Vazol™ 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

None

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

Alzheimer's Agents

Aricept®

Exelon®

Namenda®

Anti-anxiety

None

Antidepressants

Effexor XR®

Wellbutrin XL®

Sedative/Hypnotics

Ambien® CR

Lunesta™

Rozerem™

Skeletal Muscle Relaxants

None

5-HT3 Receptor Antagonists

Zofran®

DIABETES

Incretin Mimetics

Byetta™

INSULIN

ALL Novo Nordisk products

Lantus® (Vial)

Oral Agents

Actos®

ACTOplus met™

Avandamet®

Avandaryl™

Avandia®

Prandin®

Starlix®

ELECTROLYTE DEPLETERS

Magnebind® Rx

Renagel®

ESTROGENS-PROGESTINS

Premarin®

Premphase®

Prempro®

GASTRO-INTEST. AGENTS

H-2 Blockers

Axid® Solution

Zantac® Syrup

PPIs

Prevacid®

Zegerid®

Misc.

Zelnorm®

G-U RELAXANTS

Enablex®

HEMATOPOIETIC

Aranesp®

Procrit®

LAXATIVES (Rx)

Generics Only

LIPIDS

Advicor®

Crestor®

Lipitor®

Niaspan®

Tricor®

Vytorin®

Zetia®

MIGRAINE

Imitrex®

Maxalt®

OSTEOPOROSIS

Actonel®

Boniva®

Evista®

Fosamax®

Miacalcin®

RESPIRATORY AGENTS

Advair®

Asmanex®

Azmacort®

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

Anti-inflammatory Agents

Locoid®

Antibacterial Agents

MetroGel® Vaginal

Antifungals

Naftin®

Antipruritic

None

Antiviral

None

Miscellaneous-Skin and Mucous

Membrane Agents

Aldara®

Elidel®

Anti-Influenza Class was removed due to global events & agents in this class do not require PA.

Changes in bisphos. class postponed until 7-1-2006. Preferred agents Fosamax and Actonel remain Preferred till 6-30-06.