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, overall efficiencies, and safety for Medicaid beneficiaries.
Generic agents are preferred, do not require prior authorization, and are not individually listed below. For a more extensive list please see the Preferred/Non-Preferred Drug List.
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.

ALLERGY
(Implemented 3-1-05)
First Generation Antihistamines & Antihistamine Decongestant Combos.
Generics Only
Second Generation
Astelin Nasal Spray®
OTC Loratadine
Zyrtec®

ANALGESICS
(Implemented 3-1-05)
Cox- 2
None
NSAIDS
Generics Only

ANTIBIOTICS (Oral)
(Implemented 8-1-05)
Cephalosporins
Ceftin Suspension®
Omnicef®
Macrolides
Biaxin Susp & XL®
Zithromax®
Miscellaneous
Cleocin Ped.Soln®
Penicillins
Generics Only
Penicillin Combinations
Augmentin XR®
Quinolones
Levaquin®
Sulfonamides
Generics Only
Tetracyclines
Generics Only

ANTIFUNGALS (Oral)
(Implemented 4-1-05)
Grifulvin V ®
Lamisil®

ANTI-INFLUENZA
(Implemented 8-1-05)
Relenza®
Tamiflu®

ANTIPROTOZOAL
(Implemented 8-1-05)
Alinia®

ANTIVIRAL
(Implemented 8-1-05)
Copegus®
Hepsera®
Valcyte®
Valtrex®

BPH AGENTS
(Implemented 6-1-05)
Flomax®
Proscar®
Uroxatral®

CARDIOVASCULAR
(Implemented 3-1-05)
ACE Inhibitors
Altace®
ACE Inhibitor/Diuretics
Generics Only
ACEI/CCB Combinations
(6-1-05)
Lexxel®
Lotrel®
Tarka®
ARBs
Avapro®
Diovan®
ARB Combinations
(6-1-05)
Atacand HCT®
Avalide®
Benicar HCT®
Diovan HCT®
Hyzaar®
Micardis HCT®
Teveten HCT®
Beta-Blockers
Coreg ®
Toprol XL®
Beta-Blocker/Diuretics
Generics Only
Calcium Channel Blockers
Norvasc®
CCB/Antihyperlipidemic
(6-1-05)
Caduet®
Platelet Aggregation Inhibitors
Plavix®

CENTRAL NERVOUS SYSTEM AGENTS
(Implemented 3-1-05)
Alzheimer's Agents
Aricept®
Exelon®
Namenda®
Anti-anxiety
Generics only
ANTIDEPRESSANTS
Effexor®
Effexor XR®
Lexapro®
Zoloft ®
MAOI
None
Sedative/Hypnotics
Ambien®
Sonata®
Skeletal Muscle Relaxants
Generics Only
5-HT3 Receptor Antagonists
Zofran®

DIABETES
(Implemented 3-1-05)
Actos®
Avandia®
Avandamet®
Prandin®
Precose®
Starlix®
INSULINS
ALL VIAL products

ESTROGENS-PROGESTINS
(Implemented 6-1-05)
Premarin®
Premphase®
Prempro®

GASTRO-INTEST. AGENTS
(Implemented 3-1-05)
H-2 Blockers
Zantac Syrup® [2]
PPIs
Prilosec OTC®

HEMATOPOIETIC
(Implemented 6-1-05)
None

LAXATIVES
(Implemented 6-1-05)
Generics Only

LIPIDS
(Implemented 3-1-05)
Advicor®
Lipitor®
Niaspan®
Pravachol®
Tricor®
Zocor®
Vytorin®

OSTEOPOROSIS
(Implemented 3-1-05)
Actonel®
Evista®
Fosamax®
Miacalcin®

RESPIRATORY AGENTS
(Implemented 3-1-05)
Advair®
Aerobid®
Aerobid M®
Atrovent® Inhaler
Azmacort®
Combivent®
Flovent® Inhaler
Flovent Rotadisk®
Intal ® Aerosol Inhaler
Pulmicort Respules®
Pulmicort Turbuhaler
Serevent Diskus®
Singulair®
Spiriva®
QVAR®
Smooth Muscle Relaxants&Combinations
Generics Only
Nasal Corticosteroids
Flonase®
Nasonex®

THYROID/ANTI-THYROID AGENTS
(Implemented 4-1-05)
All Brand & Generic Agents Preferred

TOPICAL AGENTS
(Implemented 4-1-05)
Antibacterial Agents
All Generics
Covered OTCs
Cleocin Vaginal Ovules®
Antifungals
All Generics
Covered OTCs
Antipruritic
None
Antiviral
None
Miscellaneous-Skin and Mucous Membrane Agents
All Generics
Aldara®
Elidel ®

[2] for beneficiaries age 12 and under

Last updated 6/29/2005

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Alinia®

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Hyzaar®
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Teveten HCT®
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Coreg ®
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Intal ® Aerosol Inhaler
Pulmicort Respules®
Pulmicort Turbuhaler
Serevent Diskus®
Singulair®
Spiriva®
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