

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

The agents listed below are preferred products on the Mississippi Medicaid Preferred Drug List (PDL). The PDL is a medication list recommended to the Division of Medicaid by the Pharmacy and Therapeutics (P&T) Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for the 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. Additions from previous PDL highlighted in yellow.

List Effective 7/1/08

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
ACNE AGENTS, TOPICAL (Covered only for patients under 21 years of age)	BENZAFLIN DUAC EVOCLIN NUOX SUPHERA TAZORAC ZACLIR
ALZHEIMER'S AGENTS	ARICEPT ARICEPT ODT EXELON NAMENDA
ANALGESICS, NARCOTIC - SHORT-ACTING (Non-parenteral)	generics only
ANALGESICS, NARCOTIC - LONG-ACTING	AVINZA KADIAN
ANALGESICS, TOPICAL	none
ANGIOTENSIN MODULATORS	ACEON AVALIDE AVAPRO BENICAR BENICAR-HCT COZAAR HYZAAR DIOVAN DIOVAN-HCT MICARDIS MICARDIS-HCT
ANGIOTENSIN MODULATOR / CALCIUM CHANNEL BLOCKER COMBINATIONS	AZOR EXFORGE LEXXEL TARKA
ANTIBIOTICS, GI	ALINIA
ANTIBIOTICS, VAGINAL	CLINDAMAX CLINDESSE
ANTICOAGULANTS, INJECTABLE	ARIXTRA FRAGMIN LOVENOX

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
ANTICONVULSANTS	CARBATROL DEPAKOTE DEPAKOTE ER DILANTIN EQUETRO GABITRIL KEPPRA LAMICTAL LYRICA PHENYTEK TOPAMAX TRILEPTAL Suspension
ANTIDEPRESSANTS, SSRIs	generics only
ANTIDEPRESSANTS, OTHER	EFFEXOR XR WELLBUTRIN XL
ANTIEMETICS	generics only
ANTIFUNGALS, ORAL	GRIFULVIN V GRIS-PEG LAMISIL
ANTIFUNGALS, TOPICAL	NAFTIN VUSION
ANTIHISTAMINES, MINIMALLY SEDATING (Xyzal will be approved for patients failing therapy with OTC cetirizine or loratadine)	XYZAL
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX RELPAX TREXIMET
ANTINEOPLASTIC AGENTS, TOPICAL	generics only
ANTIPARASITICS, TOPICAL	EURAX OVIDE
ANTIPARKINSON'S AGENTS	KEMADRIN STALEVO
ANTIPRURITICS, TOPICAL	PRUDOXIN
ANTIPSORIATICS, ORAL	none

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
ANTIPSORIATICS, TOPICAL	generics only
ANTIPSYCHOTICS, ATYPICAL	ABILIFY GEODON RISPERDAL
ANTIVIRALS, ORAL	VALCYTE VALTREX
ANTIVIRALS, TOPICAL	none
ATOPIC DERMATITIS	ELIDEL
BETA BLOCKERS (Oral)	BYSTOLIC COREG CR
BLADDER RELAXANT PREPARATIONS	DETROL LA ENABLEX OXYTROL SANCTURA SANCTURA XR VESICARE
BONE RESORPTION SUPPRESSION AND RELATED AGENTS (Oral)	ACTONEL BONIVA EVISTA FOSAMAX FOSAMAX PLUS D MIACALCIN
BPH AGENTS	AVODART FLOMAX UROXATRAL
BRONCHODILATORS, ANTICHOLINERGIC	ATROVENT HFA COMBIVENT SPIRIVA
BRONCHODILATORS, BETA AGONIST	MAXAIR PROAIR HFA PROVENTIL HFA VENTOLIN HFA
CALCIUM CHANNEL BLOCKERS (Oral)	COVERA-HS DYNACIRC CR

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	AUGMENTIN AUGMENTIN XR CEFTIN Suspension OMNICEF SUPRAX
COLONY STIMULATING FACTORS (CSFs)	none
CYTOKINE & CAM ANTAGONISTS	ENBREL HUMIRA RAPTIVA
DIABETIC ULCER PREPARATIONS	none
ERYTHROPOIESIS STIMULATING PROTEINS	ARANESP PROCRIT
ESTROGENS	PREMARIN PREMPHASE PREMPRO
FLUOROQUINOLONES, ORAL	AVELOX
GLUCOCORTICOIDES, INHALED	ADVAIR AEROBID AEROBID-M ASMANEX AZMACORT FLOVENT Diskus FLOVENT HFA PULMICORT Respules QVAR SYMBICORT
GROWTH HORMONE	GENOTROPIN NUTROPIN NUTROPIN AQ SAIZEN
GROWTH FACTOR, INSULIN-LIKE	none
HEPATITIS B TREATMENTS	HEPSERA
HEPATITIS C TREATMENTS	COPEGUS REBETOL Syrup
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS (includes vials and pens)	BYETTA JANUMET JANUVIA
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS (includes vials and pens)	LANTUS NOVOLIN NOVOLOG NOVOLOG MIX

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
HYPOGLYCEMICS, MEGLITINIDES	PRANDIN STARLIX
HYPOGLYCEMICS, TZDS	ACTOS AVANDIA ACTOPLUS MET AVANDAMET AVANDARYL DUETACT
IMMUNOMODULATORS, TOPICAL	ALDARA
IMMUNOLOGIC AGENTS	none
IMPETIGO AGENTS, TOPICAL	generics only
INFLAMMATORY BOWEL DISEASE (Oral)	none
INTRANASAL RHINITIS AGENTS	ASTELIN NASAREL NASONEX VERAMYST
KERATOLYTICS	generics only
LAXATIVES AND CATHARTICS	AMITIZA CONSTULOSE GLYCOLAX
LEUKOTRIENE MODIFIERS	ACCOLATE SINGULAIR
LINCOSAMIDES/ OXAZOLIDINONES, ORAL	CLEOCIN Granules
LIPOTROPICS, OTHER	ANTARA LOVAZA NIASPAN TRICOR
LIPOTROPICS, STATINS	ADVICOR CADUET LESCOL LESCOL XL LIPITOR SIMCOR VYTORIN
MACROLIDES / KETOLIDES	BIAXIN XL
MUCOUS MEMBRANE/ SUBCUTAENOUS ENZYMES	generics only
MULTIPLE SCLEROSIS AGENTS	AVONEX BETASERON COPAXONE REBIF

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
NSAIDS	generics only
OPHTHALMIC QUINOLONES/ MACROLIDES	AZASITE OCUFLOX ZYMAR
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS (Drugs in this class with post-operative indications do not require PA)	ALAMAST ALOCRIL ELESTAT OPTIVAR PATANOL
ORAL MUCOSITIS/STOMATITIS AGENTS	none
OTIC ANTIBIOTICS AND ANTI-INFECTIVES	CIPRODEX FLOXIN
PHOSPHATE BINDERS	FOSRENOL MAGNEBIND Rx PHOSLO RENAGEL
PLATELET AGGREGATION INHIBITORS	AGGRENOX PLAVIX
PROGESTATIONAL AGENTS	generics only
PROTON PUMP INHIBITORS (Oral)	PREVACID ZEGERID
SEDATIVE HYPNOTICS	LUNESTA ROZEREM
SKELETAL MUSCLE RELAXANTS	generics only
STEROIDS, TOPICAL	generics only

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
STIMULANTS AND RELATED AGENTS - SHORT ACTING	FOCALIN METHYLIN chewable tablets METHYLIN solution
STIMULANTS AND RELATED AGENTS - LONG ACTING	ADDERALL XR CONCERTA DAYTRANA FOCALIN XR METADATE CD STRATTERA
SULFONAMIDES, ABSORBABLE	GANTRISIN Suspension
ULCERATIVE COLITIS AGENTS	ASACOL DIPENTUM LIALDA PENTASA CANASA