

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](http://www.dom.state.ms.us).

List Effective 7-1-2006

**ALLERGY**

Antihistamines & Antihistamine  
Decongestant Combos, First Generation  
Peditax™, Peditax™ D  
Peditax™ 12 & 12 D  
Vazol™, Vazol™ D  
Second Generation  
Asteiin Nasal Spray®  
Clarinet®  
Loratadine  
Zyrtec®

**ANALGESICS**

Cox- 2  
None

**NSAIDS**

Generics only

**Narcotics**

Avinza®  
Kadian®

**ANTIBIOTICS (Oral)**

Cephalosporins  
Omnicef®  
Suprax® Suspension  
Macrolides  
Blaxin XL®  
Zithromax® Suspension  
Miscellaneous  
Cleocin Ped.Soin®  
Penicillins  
Generics only  
Penicillin Combinations  
Augmentin (versions not available generically)  
Quinolones  
Avelox®  
Sulfonamides  
Gantrisin® Susp  
Tetracyclines  
Generics only

**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  
ACE/CCB Combinations  
Lexxel®  
Lotrel®  
Tarka®

**ARBs&Combinations**

Avapro®, Avalide®  
Diovan®, Diovan HCT

**Beta-Blockers**

Coreg ®  
Toprol XL®  
Beta-Blocker/Diuretics

**Calcium Channel Blockers**

Norvasc®  
CCB/Antihypertensive  
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  
Antidepressants  
Effexor XR®  
Wellbutrin XL®

**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®

**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**

Boniva®  
Evista®  
Fosamax®  
Miacalcin®

**RESPIRATORY AGENTS**

Advair®  
Asmanex®  
Azmecort®  
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 Lipocream®  
Antibacterial Agents  
MetroGel® Vaginal  
Antifungals  
Naftin®  
Antipruritic  
None  
Antiviral  
None  
Miscellaneous-Skin and Mucous Membrane Agents  
Aldara®  
Elidel ®  
Effective 7/1/06-12/31/06