



STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID
Dr. Robert L. Robinson
Executive Director

PROVIDER NOTICE

To: Medicaid Providers
Subject: Preferred Drug List Changes
Date: November 30, 2007

As a result of medication reviews by the Division of Medicaid's Pharmacy and Therapeutics Committee, the following changes will be made to DOM's Preferred Drug List¹ *effective January 1, 2008* :

Preferred Drug List Changes, Effective January 1, 2008

Drug class	PDL Additions	PDL Removals
Acne agents ²		Klaron®, Benzymycin pak®
Ophthalmic antibiotics ³	AzaSite®, Zymar®, Ocuflox®	
Ocular Allergy Agents ³	Optivar®, Elestat®, Alocril®, Patanol®, Alamast®	
Antipsychotics	Abilify®	

¹ For a comprehensive Preferred Drug List, refer to our website at www.dom.state.ms.us, select Pharmacy services and refer to menu and PDL. This list is subject to change.

² Drug use restricted to beneficiaries up to age of 21 years of age.

³ New class to PDL.