



**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: May 27, 2011

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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 List *effective July 1, 2011*. Generic products are listed in lower case. For a comprehensive Preferred Drug List, refer to our website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov), select Pharmacy services, go to menu on right hand side of page, and select PDL. This list is subject to change.

***NEW CLASS ADDITIONS TO  
 PREFERRED DRUG LIST, EFFECTIVE JULY 1, 2011***

<b>Drug class</b>	<b>PDL Additions</b>	<b>Selected for Non-Preferred Status</b>
Antibiotics, topicals	bacitracin; bacitracin/polymixin; Bactroban® cream; gentamicin sulfate mupirocin ointment	Altabax®
Antivirals, topicals	Denavir®; Zovirax® ointment	Zovirax® cream; Xerese™

***PREFERRED DRUG LIST CHANGES,  
 EFFECTIVE JULY 1, 2011***

<b>Drug class</b>	<b>PDL Additions</b>	<b>PDL Removals</b>
Anticoagulants	Pradaxa® <i>with clinical edit</i>	Arixtra®
Anticonvulsants	Topamax ® Sprinkle	
Antihistamines, minimally sedating		<i>Cetirizine OTC chewable; legend cetirizine syrup. OTC cetirizine syrup is preferred; multiple NDC options posted on DOM webpage.</i>
Antiparkinsons Agents		Stalevo®
Antipsychotics	Latuda®	
Bile salts		URSO®, Actigall®, URSO Forte®
Bladder Relaxants		Enablex®
Bronchodilators, Beta Agonist	Proventil ®HFA	
Calcium channel blockers		nimodipine
Growth Hormones	Genotropin®	
Erythropoiesis stimulating		Aranesp®

proteins		
Hypoglycemics, insulin and related agents	Humalog® <i>new clinical edit: limited to beneficiaries up to age 5</i>	Novolin® pens <i>product removed from market</i>
Hypoglycemics, incretin mimetics/enhancers	Kombiglyze™	
Hypoglycemics, meglitinides		Starlix®; nateglinide
Hypoglycemics, TZD		ActoplusMet®XR
Intranasal Rhinitis Agents	Beconase AQ®; Nasacort®AQ	Astepro®; azelastine (nasal)
Lipotropics, other	Antara®	
Lipotropics, Statins	Crestor®	
PAH Agents, Oral & Inhaled	Adcirca®	
Phosphate Binders		Renvela®
Stimulants and related agents	Kapvay™ <i>clinical edit limited to beneficiaries from 6-17 years only</i>	
Ulcerative Colitis Agents	sfRowasa™ rectal	Asacol HD® (oral); mesalamine (rectal)