



MISSISSIPPI DIVISION OF
MEDICAID

**Mississippi Division Of Medicaid
Preferred Drug List Changes
P&T Meeting Date: May 10, 2016
PDL Changes Effective Date: July 1, 2016**

The following changes will be made to the Preferred Drug List (PDL), effective July 1, 2016, pending recommendation and/or approval by the P&T Committee, DOM, and DOM's Executive Director.

For a comprehensive PDL, refer to <http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>.

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
ANGIOTENSIN MODULATORS	irbesartan/HCTZ
ANGIOTENSIN MODULATORS	valsartan/HCTZ
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	COTELLIC (cobimetinib)
COLONY STIMULATING FACTORS	NEUPOGEN syringe (filgrastim)
FLUOROQUINOLONES (Oral)	levofloxacin tablet
HEPATITIS C TREATMENTS	ZEPATIER (elbasvir/grazoprevir)
STIMULANTS AND RELATED AGENTS	methylphenidate CD (generic Metadate CD)
STIMULANTS AND RELATED AGENTS	methylphenidate ER (generic Ritalin LA)
STIMULANTS AND RELATED AGENTS	QUILLICHEW (methylphenidate)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ANALGESICS, NARCOTIC – LONG ACTING	BELBUCA (buprenorphine)
ANGIOTENSIN MODULATORS	DIOVAN HCT (valsartan/HCTZ)
ANGIOTENSIN MODULATORS	PRESTALIA (perindopril/amlodipine)
ANTIEMETICS	VARUBI (rolapitant)
ANTIFUNGALS (Topical)	econazole
ANTIFUNGALS (Topical)	ketoconazole cream
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	ALECENSA (alectinib)
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	TAGRISO (osimertinib)
ANTIPSYCHOTICS	SEROQUEL XR (quetiapine)
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	ACTONEL (risedronate)
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	FOSAMAX PLUS D (alendronate/vitamin D)
CALCIUM CHANNEL BLOCKERS	diltiazem ER Cap 12Hr
CALCIUM CHANNEL BLOCKERS	diltiazem ER Tab 24Hr
COLONY STIMULATING FACTORS	NEUPOGEN vial (filgrastim)
FLUOROQUINOLONES (Oral)	AVELOX (moxifloxacin)
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	TRESIBA (insulin degludec)
HYPOGLYCEMICS, TZDS	ACTOSPLUS MET (pioglitazone/metformin)



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THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
HYPOGLYCEMICS, TZDS	DUETACT (pioglitazone/glimepiride)
IMMUNOSUPPRESSIVE (ORAL)	ENVARUS XR (tacrolimus)
IMMUNOSUPPRESSIVE (ORAL)	PROGRAF (tacrolimus)
LIPOTROPICS, OTHER (Non-statins)	TRICOR (fenofibrate nanocrystallized)
LIPOTROPICS, OTHER (Non-statins)	TRILIPIX (fenofibric acid)
LIPOTROPICS, OTHER (Non-statins)	NIASPAN (niacin)
LIPOTROPICS, STATINS	atorvastatin/amlodipine
NSAIDS	VIVLODEX (meloxicam)
OPHTHALMICS, GLAUCOMA AGENTS	COSOPT (dorzolamide/timolol)
PLATELET AGGREGATION INHIBITORS	DURLAZA (aspirin)
PULMONARY ANTIHYPERTENSIVES	UPTRAVI (selexipag)
STIMULANTS AND RELATED AGENTS	DYANAVEL XR (amphetamine salt combination)
STIMULANTS AND RELATED AGENTS	methylphenidate ER (generic Concerta)

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
OPIATE DEPENDENCE TREATMENTS	naloxone
OPIATE DEPENDENCE TREATMENTS	naltrexone
OPIATE DEPENDENCE TREATMENTS	NARCAN NASAL SPRAY (naloxone)

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	RECOMMENDED for Non-PREFERRED STATUS
OPIATE DEPENDENCE TREATMENTS	EVZIO (naloxone)

Existing users as of June 30, 2016 will be grandfathered