

**Mississippi Division Of Medicaid**  
**Preferred Drug List Changes**  
**P&T Meeting Date: February 28, 2017**  
**PDL Changes Effective Date: April 1, 2017**



The following changes will be made to the Preferred Drug List (PDL), effective April 1, 2017, 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/>.

<b>NEW NON-PREFERRED DRUGS</b>	
<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for NON-PREFERRED STATUS</b>
ANTIMIGRAINE AGENTS, TRIPTANS	ONZETRA Xsail (sumatriptan)
HYPERURICEMIA & GOUT	ZURAMPIC (lesinurad)
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS	INVOKAMET XR (canaglifozin/metformin)
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS	RELISTOR (methylnaltrexone)
OPHTHALMIC ANTI-INFLAMMATORIES	BROMSITE (bromfenac)

<b>NEW THERAPEUTIC CLASSES/DRUGS</b>	
<b>NEW THERAPEUTIC CLASS</b>	<b>RECOMMENDED for PREFERRED STATUS</b>
OPHTHALMIC, DRY EYE AGENTS	RESTASIS (cyclosporine)

<b>NEW THERAPEUTIC CLASSES/DRUGS</b>	
<b>NEW THERAPEUTIC CLASS</b>	<b>RECOMMENDED for Non-PREFERRED STATUS</b>
MUSCULAR DYSTROPHY AGENTS	EXONDYS (eteplirsen)
OPHTHALMIC, DRY EYE AGENTS	XIIDRA (lifitegrast)

**Existing users as of March 31, 2017 will be grandfathered.**