

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/>.

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
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)

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

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