

Mississippi Division Of Medicaid
Preferred Drug List Changes
P&T Meeting Date: May 09, 2017
PDL Changes Effective Date: July 1, 2017



The following changes will be made to the Preferred Drug List (PDL), effective July 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
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	RUBRACA (rucaparib)
ATOPIC DERMATITIS	EUCRISA (crisaborole)
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	ADLYXIN (lixisenatide)
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	SOLIQUA (insulin glargine/lixisenatide)
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	BASAGLAR (insulin glargine)
IMMUNE GLOBULINS	CUVITRU
PARATHYROID AGENTS	RAYALDEE (calcifediol)

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
HEPATITIS B TREATMENTS	entecavir
HEPATITIS B TREATMENTS	EPIVIR HBV SOLUTION (lamivudine)
HEPATITIS B TREATMENTS	lamivudine HBV
HEPATITIS B TREATMENTS	VIREAD (tenofovir disoproxil fumarate)
HYPOGLYCEMICS, BIGUANIDES	metformin HCL tablet
HYPOGLYCEMICS, BIGUANIDES	metformin HCL ER 24HR tablet

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NEW THERAPEUTIC CLASS	RECOMMENDED for Non-PREFERRED STATUS
HEPATITIS B TREATMENTS	adefovir dipivoxil
HEPATITIS B TREATMENTS	BARACLUDE (entecavir)
HEPATITIS B TREATMENTS	EPIVIR HBV TABLET (lamivudine)
HEPATITIS B TREATMENTS	HEPSERA (adefovir dipivoxil)
HEPATITIS B TREATMENTS	TYZEKA (telbivudine)
HEPATITIS B TREATMENTS	VEMLIDY (tenofovir alafenamide fumarate)
HYPOGLYCEMICS, BIGUANIDES	FORTAMET ER
HYPOGLYCEMICS, BIGUANIDES	GLUCOPHAGE
HYPOGLYCEMICS, BIGUANIDES	GLUCOPHAGE XR
HYPOGLYCEMICS, BIGUANIDES	GLUMETZA (metformin)
HYPOGLYCEMICS, BIGUANIDES	metformin 24HR (generic Fortamet)
HYPOGLYCEMICS, BIGUANIDES	metformin 24 HR (generic Glumetza)
HYPOGLYCEMICS, BIGUANIDES	RIOMET SOLUTION*

**As of June 30th, 2017, existing users will be grandfathered.*