

Mississippi Division Of Medicaid
Provider Notice of Preferred Drug List Changes
P&T Meeting Date: August 08, 2017
PDL Changes Effective Date: October 1, 2017



The following changes will be made to the Preferred Drug List (PDL), effective October 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 |
| ANALGESICS, NARCOTIC - LONG ACTING | ARYMO ER (morphine) |
| ANALGESICS, NARCOTIC - LONG ACTING | MORPHABOND (morphine) |
| ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS | ALUNBRIG (brigatinib) |
| ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS | RYDAPT (midostaurin) |
| ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS | ZEJULA (niraparib) |
| ANTIPARKINSONS AGENTS – MAOI | XADAGO (safinamide) |
| AROMATASE INHIBITORS | KISQALI (ribociclib) |
| ATOPIC DERMATITIS | DUPIXENT (dupilumab) |
| BRONCHODIALATORS & COPD AGENTS – COMBINATIONS | UTIBRON (indacaterol/glycopyrrolate) |
| GLUCOCORTICOIDS (INHALED) – COMBINATIONS | AIRDUO (fluticasone propionate/salmeterol) |
| HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS | XULTOPHY (insulin degludec/liraglutide) |
| HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS – COMBINATIONS | SYNJARDY XR (empagliflozin/metformin) |
| IRRITABLE BBOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS | TRULANCE (plecanatide) |
| IRRITABLE BBOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS | XERMELO (telotristat ethyl) |
| MOVEMENT DISORDERS | AUSTEDO (deutetrabenazine) |
| MOVEMENT DISORDERS | INGREZZA (valbenazine) |
| MULTIPLE SCLEROSIS AGENTS | OCTREVUS (ocrelizumab) |
| MUSCULAR DSYTROPHY AGENTS | EMFLAZA (deflazacort) |

| NEW THERAPEUTIC CLASSES/DRUGS | |
|--------------------------------------|---|
| NEW THERAPEUTIC CLASS | RECOMMENDED for PREFERRED STATUS |
| ROSACEA TREATMENTS | metronidazole (cream, gel, lotion) |

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NEW THERAPEUTIC CLASSES/DRUGS

| NEW THERAPEUTIC CLASS | RECOMMENDED for Non-PREFERRED STATUS |
|-----------------------|--|
| ROSACEA TREATMENTS | METROCREAM (metronidazole cream) |
| ROSACEA TREATMENTS | METROGEL (metronidazole gel) |
| ROSACEA TREATMENTS | METROLOTION (metronidazole lotion) |
| ROSACEA TREATMENTS | MIRVASO (brimonidine) |
| ROSACEA TREATMENTS | NORITATE (metronidazole) |
| ROSACEA TREATMENTS | RHOFADE (oxymetazoline HCl) |
| ROSACEA TREATMENTS | ROSULA (sodium sulfacetamide/sulfur) |
| ROSACEA TREATMENTS | sodium sulfacetamide/sulfur (cleanser, pads, suspension) |
| ROSACEA TREATMENTS | SOOLANTRA (ivermectin) |
| ROSACEA TREATMENTS | SUMADAN(sodium sulfacetamide/sulfur wash) |
| ROSACEA TREATMENTS | SUMAXIN(sodium sulfacetamide/sulfur pads) |
| ROSACEA TREATMENTS | SUMAXIN TS(sodium sulfacetamide/sulfur suspension) |