

Mississippi Division Of Medicaid
Provider Notice of Preferred Drug List Changes
P&T Meeting Date: August 14, 2018
PDL Changes Effective Date: October 1, 2018



The following changes will be made to the Preferred Drug List (PDL), effective October 1, 2018, 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
ANTIRETROVIRALS	SYMFI (efavirenz/lamivudine/tenofovir)
ANTIRETROVIRALS	SYMFI-LO (efavirenz/lamivudine/tenofovir)
ANTIRETROVIRALS	CIMDUO (lamivudine/tenofovir)
ANTIRETROVIRALS	tenofovir disoproxil fumarate
BRONCHODILATORS & COPD AGENTS	TUDORZA PRESSAIR (aclidinium)
HEPATITIS B TREATMENTS	tenofovir disoproxil fumarate
OPHTHALMIC, GLAUCOMA AGENTS	RHOPRESSA (netarsudil)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR	AIMOVIG (erenumab)
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	ERLEADA (apalutamide)
ANTIPARKINSON'S AGENTS (Oral)	OSMOLEX ER (amantadine)
BRONCHODILATORS & COPD AGENTS	LONHALA MAGNAIR (glycopyrrolate)
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	DAXBIA (cephalexin)
CYSTIC FIBROSIS AGENTS	SYMDEKO (tezacaftor/ivacaftor)
OPHTHALMIC, GLAUCOMA AGENTS	timolol daily drop 0.5% (generic Istalol)