

**Mississippi Division Of Medicaid**  
**Provider Notice of Preferred Drug List Changes**  
**PDL Changes Effective Date: May 1, 2019**



The following changes will be made to the Preferred Drug List (PDL), effective May 1, 2019.

For a comprehensive PDL, refer to <http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>.

<b>NEW PREFERRED DRUGS</b>	
<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for PREFERRED STATUS</b>
FACTOR DEFICIENCY PRODUCTS	ADVATE
FACTOR DEFICIENCY PRODUCTS	ALPHANATE
FACTOR DEFICIENCY PRODUCTS	FEIBA NF
FACTOR DEFICIENCY PRODUCTS	HEMOFIL M
FACTOR DEFICIENCY PRODUCTS	HUMATE-P
FACTOR DEFICIENCY PRODUCTS	KOATE
FACTOR DEFICIENCY PRODUCTS	KOATE-DVI
FACTOR DEFICIENCY PRODUCTS	MONOCLATE-P
FACTOR DEFICIENCY PRODUCTS	NOVOEIGHT
FACTOR DEFICIENCY PRODUCTS	NUWIG
FACTOR DEFICIENCY PRODUCTS	RECOMBINATE
FACTOR DEFICIENCY PRODUCTS	WILATE
FACTOR DEFICIENCY PRODUCTS	ALPHANINE SD
FACTOR DEFICIENCY PRODUCTS	ALPROLIX
FACTOR DEFICIENCY PRODUCTS	BEBULIN
FACTOR DEFICIENCY PRODUCTS	BENEFIX
FACTOR DEFICIENCY PRODUCTS	IXINITY
FACTOR DEFICIENCY PRODUCTS	MONONINE
FACTOR DEFICIENCY PRODUCTS	PROFILNINE
FACTOR DEFICIENCY PRODUCTS	RIXUBIS
FACTOR DEFICIENCY PRODUCTS	COAGADEX
FACTOR DEFICIENCY PRODUCTS	FIBRYGA
FACTOR DEFICIENCY PRODUCTS	HEMLIBRA
FACTOR DEFICIENCY PRODUCTS	RIASTAP

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<b>NEW NON-PREFERRED DRUGS</b>	
<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for NON-PREFERRED STATUS</b>
FACTOR DEFICIENCY PRODUCTS	ADYNOVATE
FACTOR DEFICIENCY PRODUCTS	AFSTYLA
FACTOR DEFICIENCY PRODUCTS	ELOCTATE
FACTOR DEFICIENCY PRODUCTS	KCENTRA
FACTOR DEFICIENCY PRODUCTS	KOGENATE FS
FACTOR DEFICIENCY PRODUCTS	KOVALTRY
FACTOR DEFICIENCY PRODUCTS	NOVOSEVEN RT
FACTOR DEFICIENCY PRODUCTS	OBIZUR
FACTOR DEFICIENCY PRODUCTS	VONVENDI
FACTOR DEFICIENCY PRODUCTS	XYNTHA
FACTOR DEFICIENCY PRODUCTS	XYNTHA SOLOFUSE
FACTOR DEFICIENCY PRODUCTS	IDELVION
FACTOR DEFICIENCY PRODUCTS	REBINYN
FACTOR DEFICIENCY PRODUCTS	CORIFACT
FACTOR DEFICIENCY PRODUCTS	TRETTEN