

Mississippi Division Of Medicaid
Provider Notice of Preferred Drug List Changes
P&T Meeting Date: May 7, 2019
PDL Changes Effective Date: July 1, 2019



The following changes will be made to the Preferred Drug List (PDL), effective July 1, 2019, pending recommendation and/or approval by the P&T Committee, DOM, and DOM's Executive Director.

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

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
Immune Globulins	PANZYGA

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
Antifungals (Oral)	TOLSURA (itraconazole)
Antineoplastics – Selected Systemic Enzyme Inhibitors	COPIKTRA (duvelisib)
Antineoplastics – Selected Systemic Enzyme Inhibitors	DAURISMO (glasdegib)
Antineoplastics – Selected Systemic Enzyme Inhibitors	VITRAKVI (larotrectinib)
Antineoplastics – Selected Systemic Enzyme Inhibitors	XOSPATA (gilteritinib)
Antiparkinson's Agents (Oral)	INBRIJA (levodopa)
Antipsychotics (Oral)	ABILIFY MYCITE (aripiprazole)
Bronchodilators & COPD Agents	YUPELRI (revfenacin)
Erythropoiesis Stimulating Proteins (Factor Deficiency Products – Factor VIII)	JIVI
Glucocorticoids (Inhaled)	WIXELA INHUB (fluticasone/salmeterol)
Irritable Bowel Syndrome/Short Bowel Syndrome Agents/Selected GI Agents	MOTEGRITY (prucalopride)
Miscellaneous Brand/Generic	SYMJEPI (epinephrine)
Ophthalmic, Dry Eye Agents	CEQUA (cyclosporine 0.09%)

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NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
Steroids (Topical)	BRYHALI (halobetasol)