

Mississippi Division Of Medicaid
Provider Notice of Preferred Drug List Changes
P&T Meeting Date: August 13, 2019
PDL Changes Effective Date: October 1, 2019



The following changes will be made to the Preferred Drug List (PDL), effective October 1, 2019, 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-druglist/.NEW>

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
FIBROMYALGIA/NEUROPATHIC PAIN AGENTS	pregabalin
OPHTHALMIC, GLAUCOMA AGENTS - RHO KINASE INHIBITORS/COMBINATIONS	ROCKLATAN (netarsudil/latanoprost)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ANALGESICS, NARCOTIC - SHORT ACTING	APADAZ (benzhydrocodone/APAP)
ANTICONVULSANTS	DIACOMIT (stiripentol)
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	BALVERSA (erdafitinib)
ANTIRETROVIRALS – COMBINATION PRODUCTS NRTIs	DOVATO (dolutegravir/lamivudine)
ANTIRETROVIRALS – SINGLE TABLET REGIMENS	DOVATO (dolutegravir/lamivudine)
ATOPIC DERMATITIS	EUCRISA (crisaborole)
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	EVENITY (romosozumab-aqqg)
CYTOKINE & CAM ANTAGONISTS	SKYRIZI (risankizumab)
IMMUNE GLOBULINS	CABLIVI (caplacizumab-yhdp)
IMMUNE GLOBULINS	CUTAQUIG (immune globulin- hipp)
MULTIPLE SCLEROSIS AGENTS	Mavenclad (cladribine)
MULTIPLE SCLEROSIS AGENTS	MAYZENT (siponimod)
NSAIDS – COX II SELECTIVE	QMIIZ ODT (meloxicam)

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NEW NON-PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
STERIODS (Topical) – VERY HIGH POTENCY	DUOBRII LOTION (halobetasol prop/tazarotene)
STERIODS (Topical) - VERY HIGH POTENCY	LEXETTE (halobetasol propionate)
TETRACYCLINES	SEYSARA (sarecycline)