

**Mississippi Division of Medicaid  
 Provider Notice of Preferred Drug List Changes  
 PDL Changes Effective Date: July 1, 2020**



The following changes will be made to the Preferred Drug List (PDL), effective July 1, 2020, by approval of DOM's Executive Director.

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

<b>NEW PREFERRED DRUGS</b>	
<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for PREFERRED STATUS</b>
ANTICONVULSANTS	VALTOCO (diazepam)
ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR	NURTEC ODT (rimegepant)

<b>NEW NON-PREFERRED DRUGS</b>	
<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for NON-PREFERRED STATUS</b>
ACNE AGENTS, COMBINATION DRUGS	EPIDUO (adapalene/benzoyl peroxide)
ANTINEOPLASTIC, SELECT SYSTEMIC ENZYME INHIBITORS	GLEEVAC (imatinib mesylate)
IMMUNOSUPPRESSIVE, ORAL	MYFORTIC (mycophenolic acid)
IRON CHELATING AGENTS	EXJADE (deferasirox)
MISCELLANEOUS, BRAND/GENERIC	CATAPRESS TTS (clonidine)
STEROIDS, TOPICAL, VERY HIGH POTENCY	CLOBEX (clobetasol)
ULCERATIVE COLITIS & CROHNS	APRISO (mesalamine)